



We've seen how suddenly hard times can appear. It's up to each of us to give back in an effort to strengthen our community and make sure our local United Way is there to lead through periods of urgent need and beyond.

## STEPS TO SUCCESS



We empower individuals and address systemic problems to provide everyone with a clear path to success.



CONNECTED & HEALTHY OLDER ADULTS



FINANCIAL WELL-BEING



COLLEGE- OR CAREER-READY



HIGH SCHOOL GRADUATION



MIDDLE SCHOOL ENGAGEMENT



THIRD GRADE READING



KINDERGARTEN READINESS



BORN HEALTHY



BASIC NEEDS MET: FOOD, SAFETY & HOUSING

## Step 1

### Your Information

PREFIX: ☐ Dr. ☐ Ms. ☐ Mrs. ☐ Mr.

FIRST NAME

MI

LAST NAME

SUFFIX

HOME ADDRESS ☐ Check if this is a new address

APT. #

CITY

STATE

ZIP

PREFERRED PHONE ☐ Land (Home) ☐ Business ☐ Cell

PREFERRED EMAIL ADDRESS

EMPLOYER

EMPLOYEE ID #

## THANK YOU!

We'd like to recognize you in our publications.  
Please tell us how you'd like your name to appear:

☐ I wish to remain anonymous in publications.

Are you a 10+ year United Way donor?  
We want to honor you through our Loyal  
Contributions Program. What year did you  
start giving to United Way?

YEAR

## Step 2

### Your Gift

#### Payment options

1 ☐ CREDIT CARD Please visit [YourUnitedWay.org](http://YourUnitedWay.org)  
*Note: A \$10 minimum gift is required*

2 ☐ PERSONAL CHECK Attached and payable to **United Way**

3 ☐ BILL ME Please bill me for my contribution  
*Note: A \$20 minimum gift is required*  
SELECT BILLING FREQUENCY: ☐ Monthly ☐ Quarterly  
☐ One Time (add date) MM/YY

OR

4 ☐ PAYROLL DEDUCTION (Per Pay Period)

AMOUNT PER PAYCHECK			# OF PAY PERIODS
<input type="checkbox"/> \$1000	<input type="checkbox"/> \$250	<input type="checkbox"/> \$100	X
<input type="checkbox"/> \$50	<input type="checkbox"/> \$25	<input type="checkbox"/> \$10	
<input type="checkbox"/> Other \$ _____			
_____			

TOTAL ANNUAL GIFT

\$

## Optional

### Investment Options

☐ **Most Impact:** Support all of United Way's *Steps to Success*

☐ I want to support a specific step on United Way's *Steps to Success*

AND/OR

INDICATE YOUR PREFERENCE HERE. SEE REVERSE SIDE FOR OPTIONS.

☐ **Another Community Agency** ☐ I wish to remain anonymous to the agency  
Would you like to designate funds to 501(c)(3) community agency?  
*Note: A minimum gift of \$24 is required to give directly to an agency*

AGENCY NAME, ADDRESS

\$

\$

\$

Total here  
should match  
**TOTAL ANNUAL GIFT**  
from above

## Step 3

### Your Signature

SIGNATURE

DATE

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

**THANK YOU FOR SUPPORTING YOUR UNITED WAY**

Mail form to: P.O. Box 6388, Richmond, VA 23230 | 804-771-5820

[YourUnitedWay.org](http://YourUnitedWay.org) | [customerservice@YourUnitedWay.org](mailto:customerservice@YourUnitedWay.org)