

JOIN US AND LIVE UNITED™



1 PLEASE COMPLETE ALL FOUR SECTIONS

Mr./Mrs./Ms. _____
First Name (Please Print) MI Last Name

Spouse's Name _____ Spouse's Employer _____

Home Mailing Address _____

City _____ State _____ Zip Code _____

Employer/Department *(If Applicable)* _____

Email Address _____ Phone #: Work Home Cell _____

I would like to receive a quarterly newsletter in order to receive occasional updates about results, programs and United Way's special events.
 I would like to have more information on the Women's Leadership Council.
 I would like to receive routine email updates and/or e-newsletters.

2 PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT

EASY PAYROLL DEDUCTION *(If Applicable)*

A) I want to contribute the following amount each pay period: \$ _____

B) My pay period is *(number of times I am paid per year)*:
 Weekly (52) Biweekly (26)
 Monthly (12) Semi-Monthly (24)

C) Annual Gift should equal: (A) _____ x (B) _____
 My Annual Gift Amount \$ _____

DIRECT GIFT AMOUNT \$ _____

Personal Check or Cash Enclosed
 Bill me _____ Once/yr. _____ Twice/yr. _____ Four times/yr.
 Securities or Stocks (United Way will contact you)
 Credit Card *(check one)* _____ VISA _____ Mastercard
 Credit Card Number _____
 Card Expiration Date (MM/YY) _____
 Contact me about Automatic Checking Transfer

My gift of \$500 or more qualifies me/us for membership in the Legacy Club. Please list my/our names as above or as follows: _____
 ___ I would like this gift to remain anonymous in United Way publications and other public recognition.
 ___ If you are a Partner of Influence, you must check here and return this form to have payroll deduction.

3 PLEASE CHOOSE HOW YOU WOULD LIKE TO INVEST IN YOUR COMMUNITY

UNITED WAY COMMUNITY CARE FUND -- THE BEST WAY TO CHANGE LIVES!

I want to make the most powerful contribution possible. Please invest my contribution in the United Way of Laramie County's Community Care Fund to make lives better and my community stronger.

OR...

FOCUSED CARE* -- *For other designations, Please see policy on reverse.**

I want my gift in a specific area. This information will be used by volunteers when making funding decisions.
 ___ Helping Children & Youth Achieve their full potential ___ Neighbors in Crisis & Strengthening Families ___ Improving Community Health

4 PLEASE CHECK THE ACCURACY OF YOUR ENTRIES

Signature *(Required)* _____ Date ____/____/____

THANK YOU FOR INVESTING IN UNITED WAY!

Thank You!

United Way **DONOR RECEIPT**
Fill out & retain for your records

Name _____
 Total Pledge _____

PLEDGE PAYMENT METHOD

Payroll
 Credit Card
 Direct Bill
 Cash
 Personal Check # _____

United Way **PAYROLL DEDUCTION ONLY**
RETURN TO YOUR PAYROLL DEPARTMENT/UNITED WAY COORDINATOR

Name _____
 Department _____
 Social Security Number _____

I authorize the following deduction as a contribution to United Way of Laramie County
 \$ _____ per pay period **OR** \$ _____ per month

Signature *(Required)* _____

UNITED WAY OF LARAMIE COUNTY DESIGNATION POLICY

Individual donor designations will be honored to the donor's choice to the greatest extent possible. Please consider at least \$120.00 (\$10.00 per month) due to added administrative requirements of designations. The Community Investment Teams have the authority to redirect gifts that do not meet the criteria toward other needs in Laramie County.

United Way Program Partner Designation

I would like to designate my gift or a portion of my gift to a specific Laramie County agency or agencies.

Program/Agency _____ Amount \$ _____

Program/Agency _____ Amount \$ _____

Program/Agency _____ Amount \$ _____

Other Designation

1. Eligibility: Organizations must be recognized as tax exempt agencies as defined under section 501(c)(3) of the Internal Revenue Service Code in order to be eligible to receive designated contributions. If a local agency is an affiliate of a larger organization and shares the same 501(c)(3) designation, the local agency must prove that it is a separately governed organization that may receive direct contributions.

2. Confirming Eligibility: 501(c)(3) status must be verified through *Guidestar.org*, United Way Online, or with a copy of the designated agency's IRS determination letter.

3. Agencies benefiting from designations agree to provide donors with acknowledgment, if requested at the time the pledge is made. Donors requesting acknowledgment authorize United Way of Laramie County to release contact information along with the request for acknowledgment to the recipient agency.

4. In order to equitably recoup campaign and administrative costs, Agency Designations will be assessed a fee of 15% of funds collected, up to a maximum of \$150.00 from any one individual contributor for all their designations.

5. UWLC will pay designations in a timely manner. Regular payments to individual agencies will be made at the end of the fiscal year. Payments are based on actual cash received, reduced by the campaign and administrative costs fee. UWLC does not apply a general uncollectible rate (shrinkage) to designation payments, *except in instances where participating company's payroll departments are unable to provide individual payment data.*

Organization _____

Address or Website _____

Local or 800-phone# _____

Amount \$ _____

Organization _____

Address or Website _____

Local or 800-phone# _____

Amount \$ _____

If you would like United Way of Laramie County to inform the agency or agencies of the specific designation(s) of your gift, please sign here. This authorizes United Way of Laramie County to release your information.



Signature _____