

UNTIL THE FIGHT IS WON

STATE OF KANSAS EMPLOYEES

DEPT #: _____

EMPLOYEE I.D.# _____

FOR PAYROLL DEDUCTION GIFTS ONLY:

START DATE _____ END DATE _____

(IF NO DATES ARE SPECIFIED, DEDUCTIONS WILL RUN FROM JANUARY - DECEMBER)



Creating and cultivating an unbreakable network of support for a strong, healthy and equitable community

1. CONNECT

MR/MRS/MS/DR

First Name

MI

Last Name

Suffix

Home Address

City

State

ZIP

Home/Cell (Circle which phone line)

Permanent Email Address

Work Email address

2. INVEST

My total investment this year is \$ _____

Please choose your payment option below.

PAYROLL DEDUCTION THROUGH MY EMPLOYER

I want to pledge the following amount per pay period: \$ _____

Number of pay periods: _____ Ask your Campaign Coordinator if you are unsure.

CASH/CHECK

Amount enclosed \$ _____ Check # _____ Date _____ *Make checks payable to United Way of Greater Topeka.*

CREDIT CARD

Amount to charge \$ _____ NO: _____ - _____ - _____ - _____ VISA Discover
Expiration Date: _____ MC AMEX
>> Credit Cards cannot be processed without a valid e-mail address in Section 1.

BILL ME

A. Choose a method Debit my bank account—Please attach voided check Send my bill
B. Choose a frequency Monthly (x 12) Quarterly (x 4) Bill me one time on: _____

STOCKS & SECURITIES

Get forms and instructions at unitedwaytopeka.org/give/securities or call 785.228.5113.

Leadership begins at \$1,000 annually. Spouses may combine investments to reach leadership levels. Supporters 40 years of age or younger who invest \$500 or more annually can join our Young Leaders Society. (Check the YLS box in Section 4 to get more information.)

*Optional—Please invest my pledge in: Jackson County Jefferson County Shawnee County
All gifts not designated to a particular county will be applied to the county where you are employed.*

3. RECOGNIZE

Date of Birth _____

How would you like your name to appear in recognition? _____
(Example: John & Jane Smith, Dr. Jane Smith, John Jones & Jane Smith)

Please do not list my name in publications

List me as a combined giver with _____

Name

Company

4. ENGAGE

Contact me about YLS (Young Leaders Society—40 or younger; \$500 or more). I plan to retire in: _____ Year

Contact me about planned giving opportunities.

5. SIGN & DATE

X

Signature

Date

Thank you for your investment. No goods or services were provided in exchange for this contribution. Keep a copy of this form for your tax records. You also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. More information on allowable deductions is available at <http://www.unitedwaytopeka.org/give>.

\$

My total pledge
as shown on front of this form

OPTIONAL DESIGNATIONS*

No designation needed to invest 100% in the Community Impact Fund.

If you wish to restrict your contribution, **please enter your total annual pledge from page 1 in the top box.** Then indicate below how you wish to divide that pledge.

* Designations to partner agencies do not count toward the \$192 requirement to receive a Caring Club Card.

Please divide my pledge as follows:

\$

\$

\$

\$

\$

\$

\$

EDUCATION

Eligible for Caring Club

School Readiness: Creating opportunity for early learning success through provider training, parent education and literacy-based preschool.

On-Grade Achievement: Reducing barriers to elementary school success for students & families.

Dolly Parton's Imagination Library: \$30 gives a child a book every month for a year.

Please choose: Shawnee County OR Jackson County

FINANCIAL STABILITY

Eligible for Caring Club

Helping individuals and families balance income and expenses while earning a family-sustaining wage, and supporting financial literacy for adults and teens.

HEALTH

Eligible for Caring Club

Supporting healthy lifestyles and thriving communities by improving coordination of care, increasing access to affordable healthcare and advocating for equitable food policies.

GIVE TO ANOTHER UNITED WAY (\$50 minimum investment)

Eligible for Caring Club

Direct your contribution to a United Way in another area by providing the United Way name or the zip code of a neighborhood served by that United Way.

UW Name or ZIP Code: _____

GIVE TO A UWGT PARTNER (\$50 minimum investment)

NOT Eligible for Caring Club

For the most up-to-date list visit our website: www.unitedwaytopeka.org/give/designations or ask your Campaign Coordinator.

Name: _____ Code: _____

Name: _____ Code: _____



Scan
QR code
to see the
list online

JOIN WOMEN UNITED

Women United provides one-time emergency grants to women and children in crisis situations. Fill out the information below and attach your payment. Women United contributions are processed separately from your United Way pledge. Membership requires a minimum \$100 annual commitment.



CASH/CHECK

Amount enclosed \$ _____ Check # _____ Date _____

Make checks payable to United Way of Greater Topeka and put Women United in the memo line.

CREDIT CARD

Amount to charge \$ _____ NO: _____ - _____ - _____ - _____

>> Credit Cards cannot be processed without a valid e-mail address on the front page.

Expiration Date: _____

Visa Discover

MC AMEX