

CONGRATULATIONS ON YOUR NEW JOB!

You are fortunate to work for an organization with a commitment to helping others in our community.

Your employer partners with United Way of Benton & Franklin Counties to ensure help is available for local people in need.

Please consider a gift to United Way - *any amount given each pay period makes a big difference!*

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With your help, we can improve access to education, health services, basic needs, and financial stability. Together, we're solving our region's biggest problems and creating lasting change.

United Way of Benton & Franklin Counties







YOUR GIFT IMPROVES THE LIVES OF LOCAL CHILDREN AND VULNERABLE NEIGHBORS.

Together, we can fill the critical gaps that make this a better community for all.

MY INFO

FIRST NAME EMPLOYER PERSONAL EMAIL HOME ADDRESS		MIDDLE INITIAL	LAST NAME				
		EMPLOYEE ID NUME	EMPLOYEE ID NUMBER S		SPOUSE/PARTNER NAME (for combined giving recognition		
		PERSONAL PHONE	PERSONAL PHONE		DATE OF BIRTH		
		CITY			· · · · · · · · · · · · · · · · · · ·	ZIP	
O I/we wish t	to remain anonymous. Please do not u	se my/our names for recognitio	n purposes.				
MY IMPA	CT EXAMPLES OF THE POWER OF YOU						
	\$1,000 Help a domes	tic violence survivor get into safe ho	using \$500 She	lter a homeless youth	for 6 months		
	\$1,000 Help a domes \$250 Help an adult with disabilities get a	Ŭ	01			need	
		job \$100 Empower a victim of s	sex trafficking throug	h therapy \$50 Fe	eed 20 people in Total Ann	ual Gift:	
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SIGNATURE ____

REQUIRED FOR AUTHORIZATION. Your donation is tax-deductible. No goods or services were provided in exchange for this contribution.

OPTIONAL You can choose your preferred donation area(s) below. If no selection is made, it will be invested where it's needed most in our community.

DATE.

O I want United Way of Benton & Franklin Counties to invest my donation where it is needed most -- the areas of greatest need.

R	O Please distribute my donation as follows:								
	educations/yr + Health s/yr S Financial	L STABILITY \$	/YR 🛞 BASIC NE	EEDS\$	/YR				
C	C Please designate to the 501(c)(3) organizations below with a minimum \$25 annual gift per agency.* 🔾 Do not release my/our names to agency below.								
	Agency Name	City	State	\$	Year				

If this agency cannot be contacted or does not meet legal requirements, we will contact you. If we cannot reach you, your gift will be redistributed to help those in need through UWBFCO.

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1 IN 4 LOCAL LIVES

were improved by receiving critical services including food, health care, and job skills over the past two years, thanks to the generous support of local **United Way** donors.

Now, the pandemic has created new and greater challenges in our community.



LOCAL FAMILIES NEED YOUR HELP.

Supporting our community's greatest needs fills gaps in services for local children and their parents. Together, we can rebuild and create a healthier, safer future for all.

OUR PRIVACY PLEDGE TO YOU:

We will never share or sell any of your information. If you designate your gift, your information may be given to that agency unless you select otherwise on the front of this form.

We may publish your name and/or company in recognition materials, unless you select otherwise.

WE'LL CONTACT YOU IF:

Designated organization(s) is not easily identified by information provided, is not a registered 501(c)(3), does not certify as Patriot Act compliant, is no longer in operation, and/or does not cash any checks within one year of payout.

*If we are unable to reach you, your gift will go to where it is needed most in our local community our areas of greatest need.



(f) Facebook.com/uw.bfco

(i) @unitedwaybfco



United Way of Benton & Franklin Counties