



CONGRATULATIONS ON YOUR NEW JOB!

United Way of
Benton & Franklin Counties



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!**



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.



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.

1 MY INFO

We use contact information to process gifts and occasionally tell you about community impact; we will not share it.

FIRST NAME

MIDDLE INITIAL

LAST NAME

EMPLOYER

EMPLOYEE ID NUMBER

SPOUSE/PARTNER NAME (for combined giving recognition)

PERSONAL EMAIL

PERSONAL PHONE

DATE OF BIRTH

HOME ADDRESS

CITY

STATE

ZIP

☐ I/we wish to remain anonymous. Please do not use my/our names for recognition purposes.

2 MY IMPACT

EXAMPLES OF THE POWER OF YOUR GIFT

\$1,000 Help a domestic violence survivor get into safe housing | \$500 Shelter a homeless youth for 6 months
\$250 Help an adult with disabilities get a job | \$100 Empower a victim of sex trafficking through therapy | \$50 Feed 20 people in need

EASY PAYROLL DEDUCTION

Gift amount per pay period: _____ X Number of pay periods through December: _____

Total Annual Gift:

= \$ _____

OTHER OPTIONS

I want to give this amount: \$ _____ X This often: ☐ 12 (monthly) ☐ 4 (quarterly) ☐ One time

Starting on (date): _____

Credit Card # _____ Exp. _____ / _____ Security Code _____

Cash/Check Check # _____ Date _____

Bill Me *If different than above, please provide billing address: _____

Automatic Bank Withdrawal Routing # _____ Account # _____

Total Annual Gift:

= \$ _____



SIGNATURE _____

DATE _____

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.

- A** ☐ I want United Way of Benton & Franklin Counties to invest my donation where it is needed most -- the areas of greatest need.
- B** ☐ Please distribute my donation as follows:
- ☐ EDUCATION \$ _____ /YR ☐ HEALTH \$ _____ /YR ☐ FINANCIAL STABILITY \$ _____ /YR ☐ BASIC NEEDS \$ _____ /YR
- 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 UWBFCCO.