

UNITED WAY OF MIAMI-DADE

We fight for a stronger Miami. We fight for YOU!

The Ansin Building • 3250 Southwest Third Avenue • Miami, Florida 33129-2712
 (305) 646-7000 • unitedwaymiami.org • @unitedwaymiami



MY PERSONAL INFORMATION

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MR./MRS./MS. FIRST NAME MI LAST NAME SUFFIX

PERSONAL EMAIL ADDRESS

HOME ADDRESS CITY STATE ZIP

CELL PHONE HOME PHONE WORK PHONE

EMPLOYEE ID DEPARTMENT NAME BIRTH DATE (MM/DD/YY)

MY GIFT

— option A —

UNITED WAY COMMUNITY PLAN: Every \$1 you give here, turns into \$2.16 worth of help.

My gift will support our work in education, financial stability and health, including the 117 programs we fund in Miami-Dade. It's your most powerful gift!

AMOUNT \$

— option B —

EDUCATION Helping children and youth reach their potential

AMOUNT \$

FINANCIAL STABILITY Helping all families prosper economically

AMOUNT \$

HEALTH helping everyone - from young to old - lead full and productive lives

AMOUNT \$

If you wish to limit the impact of your donation by restricting it to a particular agency or if you wish to exclude an agency, please see your United Way representative for the appropriate form.

FAST TRACK TO LEADERSHIP

Did you know it takes only as little as \$10 a week to become a **LEADERSHIP GIVER?**

At a leadership level, you'll be able to make a bigger impact in our community. And, through our Fast Track program, you can attain a higher level of giving over a three-year period, receiving exclusive recognition and benefits from the very first year.

I want to Fast Track to leadership:

- Year 1** \$500 (less than \$10 per week on annual basis)
- Year 2** \$750 (less than \$15 per week on annual basis)
- Year 3** \$1,000 (less than \$20 per week on annual basis)

I WANT TO BE INVOLVED

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- I would like to leave a legacy by making a gift to **The Endowment** or by including United Way in my will and estate plans.
 - I am under 30 years old and would like to get involved with **LINC** — a network of young professionals who partner with United Way to elevate the community, make connections and have a good time — with a minimum gift of \$250 to United Way of Miami-Dade.
 - I am **retiring** soon and would like to continue helping my community for years to come.
 - Please register me as a **United Way Loyal Contributor**. I have been contributing to United Way for ___ years. (10 years or more qualifies you as a Loyal Contributor).
 - I am interested in becoming a volunteer and/or advocate.

MY METHOD OF PAYMENT

ONE TIME PAYROLL DEDUCTION
My total annual gift.

AMOUNT \$

PAY PERIOD DEDUCTIONS
My total annual gift.

AMOUNT \$

I want to give the following amount each pay period:

- \$50 \$25 \$10 \$5
- Other \$ _____

My pay period is

- weekly (52) every other week (26)
- twice a month (24) once a month (12)

DIRECT GIFT

My total annual gift.

AMOUNT \$

Direct gift to be paid by:

- Personal check (enclosed)
- For secure credit card and/or electronic check payment, visit unitedwaymiami.org/donate
- For donations of stock or any other questions, please call (305) 646-7061.

In signing this form, I agree to make this gift and authorize my employer to deduct from my paycheck until I give written notification otherwise.

6 _____
Signature Date

THANK YOU!

Thank you for your contribution to United Way of Miami-Dade. No goods or services were provided in exchange for this contribution. Please return gift card to your campaign coordinator. For your tax records, you will 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.