



## MY INFORMATION

MR/MRS/MS/DR \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

Leadership Giving  
 We would like to be recognized as follows \_\_\_\_\_  
Ex. Mr. & Mrs. John J Doe

Spouse/Partner's Name \_\_\_\_\_ Spouse/Partner's Workplace \_\_\_\_\_

## MY GIFT TO MY COMMUNITY

PAYROLL DEDUCTION  
The easiest way to give!

DIRECT GIFT  
Amount \$ \_\_\_\_\_

I want to give through payroll deduction:  
\$ \_\_\_\_\_ per pay period  
X \_\_\_\_\_ pay periods  
= \_\_\_\_\_ Total

One time payroll deduction of \$ \_\_\_\_\_

Direct Gift to be paid by:

- Cash
- Personalized Check  
(Enclosed payable to the United Way)
- Securities  
Brokerage \_\_\_\_\_ Est. Value \$ \_\_\_\_\_
- Credit Card  
(Please circle one: MC/Visa/Discover  
American Express)  
Expiration Date: \_\_\_\_\_
- Please Bill Me (\$100 minimum)  
Once/Quarterly/Semi-annually

## MY COMMUNITY IMPACT

- Community Care Fund:** The BEST way to help! Your gift supports all United Way of Youngstown and the Mahoning Valley's programs and services
- Core Services**  
Improving people's lives by meeting their basic needs.
- Providing food, shelter and medical needs.
  - Improving safety by providing 24-hour access to crisis response services.
  - Supporting stability by providing access to transitional services.
- Nurturing Our Children**  
Helping children and youth achieve their potential through education.
- Success by 6: Access to childcare and early learning experience.
  - Increasing children and youth access to healthcare.
  - Providing afterschool and summer programs for youth.
- Strengthening Individuals & Families**  
Helping individuals and families become financially stable and independent.
- Reducing substance abuse and increasing preventive care.
  - Increasing financial literacy to help individuals become self-sufficient.
  - Helping seniors live and age with dignity.

## MY AUTHORIZATION

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your contribution to the United Way Campaign.** No goods or services were provided in exchange for this contribution. We do not rent, trade or sell lists of donors. Please keep a copy of this form for your tax return. You will also need a copy of your pay stub, W-2 or other employer documentation showing this amount withheld and paid to a charitable organization. Please consult your tax advisor for more information.