

NOW MORE THAN
ever.

United Way of Youngstown and the Mahoning Valley
255 Watt Street | Youngstown, OH 44505
330.746.8494 | 330.746.4525 Fax
www.ymvunitedway.org

The Gelbman Foundation will **MATCH** any **NEW** or **INCREASED** gift!

MY INFORMATION

NAME _____ EMPLOYER _____

ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

BIRTHDATE _____ EMAIL _____

PLEASE COMBINE MY GIFT WITH MY SPOUSE/SIGNIFICANT OTHER:

NAME _____ EMPLOYER _____

BECOME A LEADERSHIP DONOR: Make an annual donation \$1,000 or more.

First time leadership gifts will be matched

BECOME AN EMERGING LEADER: Increase your gift to at least \$500 and it will be matched by the Gelbman Foundation. You will be recognized as an Emerging Leader.

MY GIVING

Payroll Deduction

\$50 \$15

\$35 \$10 \$ _____ X

\$25 \$5

\$20 Other

How are you paid?

24 (twice a month)

26 (every two weeks)

52 (once a week)

One time

Other

**My Annual
Payroll Gift**

= \$ _____

DIRECT GIFT \$ _____ Payment Attached: Cash Check Credit Card
 ONE TIME \$ _____ MONTHLY \$ _____ VISA MasterCard American Express Discover
Account Number: _____ Expiration Date: _____

BILL ME: Quarterly One Time Specify How I Want To Be Billed _____

IMAGINATION LIBRARY. Give the gift of reading.

In addition to my annual or one time gift, I would like to provide one child with one book a month at the cost of \$25/year.

PLEASE ADD THIS AMOUNT TO: Payroll Gift Total One-time Gift Bill Me Total

My Gift \$ _____
Imagination Library Gift + \$ _____
MONTHLY GIFT = \$ _____

MY IMPACT

Please select your impact preference below.

COMMUNITY IMPACT FUND - The best way to help the best people!

OR Please designate my gift to another United Way organization.

With my \$100 total annual gift, I may designate up to one-half to a specific non-profit organization that provides health and human services in the local area. The other half of my gift will support the Community Fund. If the agency I designate does not qualify as a local 501(c)3 health and human service organization, then my gift will automatically revert to the Community Fund. No goods or services as whole or partial consideration are 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 records. You will also need a copy of your pay stub, W-2, or other employer documentation showing the amount withheld and paid to a charitable organization. Please consult your tax advisor for more information.

ORIGINAL - United Way

MAKE COPY - Company Payroll/Donor

MY SIGNATURE: _____ DATE: _____

Thank you!



- Giving per pay period:**
- \$5 - weekly
 - \$10 - every two weeks
 - \$11 - twice monthly
 - \$22 - monthly

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and the Mahoning Valley

I'm interested in...

- Volunteer Opportunities
- Women United
- Estate and Will Giving

*Please make sure correct e-mail is listed on form.



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