

1331 Euclid Avenue  
 Cleveland, Ohio 44115  
 T: 216-436-2100  
 F: 216-436-2255  
 uws.org



United Way of  
 Greater Cleveland

Thank you for investing in what matters

**1. Donor Information**

Please print firmly and legibly. Information will be kept confidential.

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

EMPLOYER \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ APARTMENT # \_\_\_\_\_

Avenue  Road  Street  Drive  Blvd.  Other \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP + 4 \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER (Optional) \_\_\_\_\_ MY AGE:  24 and under  41-54  
 25-40  55 plus

My TOTAL ANNUAL PLEDGE is \$ \_\_\_\_\_

**2. Select a payment option and sign below**

**EASY PAYROLL DEDUCTION**

**A) My pay period**

Weekly (52)  Twice a month (24)  
 Every 2 weeks (26)  Monthly (12)

**B) My pledge per pay is**

\$25  \$20  \$15  \$10  \$5  \$ \_\_\_\_\_

For a TOTAL PLEDGE OF \_\_\_\_\_ # Pay Periods x Amt. Per Pay = \$ \_\_\_\_\_ Total Pledge

**ONE-TIME GIFT**

**I am enclosing:**

a check  cash in the amount of \$ \_\_\_\_\_  
 (Please make check payable to United Way of Greater Cleveland)

Please bill me (\$50 minimum) \$ \_\_\_\_\_

**Charge my total annual gift to my credit card:**

Visa  Mastercard  American Express

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DONATED SECURITIES** (Call 216-436-2132 for transfer information)

Estimated Amount \$ \_\_\_\_\_

**SIGNATURE** (Required for all contributions)

*[Signature]* \_\_\_\_\_ Date \_\_\_\_\_

**3. Check below to have your total pledge invested in Community-Wide Needs, or you may invest in areas of special concern to you.**

**COMMUNITY-WIDE NEEDS**  
 I want to have the greatest impact in the community by having United Way direct my gift where it is needed most. When I check here, I authorize my pledge to be invested by volunteers in Community-Wide Needs, United Way's general fund. This recommended way of pledging strengthens the local safety net of care by funding nearly 180 core programs provided by United Way community partner agencies and also supports all Impact Areas listed at right and the long-term priorities of the Community Vision Council.

\$ \_\_\_\_\_  
 (No minimum required)

and/or

**IMPACT AREAS** focuses your contribution where many community partner agencies are mobilizing their efforts on these priority and core services issues.

**Learning and earning for life**

Programs include:  
 • Training and services for displaced workers  
 • Child care for low-income parents  
 • After-school tutorial programs  
 • Adult literacy services

\$ \_\_\_\_\_ (6035541)

**Health and caring for all**

Programs include:  
 • Smoking cessation and prevention  
 • Rehabilitation of children and adults  
 • Substance abuse services  
 • Disability treatment

\$ \_\_\_\_\_ (6035542)

**Senior success**

Programs include:  
 • Transportation services  
 • Senior centers  
 • Hospice care  
 • Information access

\$ \_\_\_\_\_ (6035540)

**Strong families = successful children**

Programs include:  
 • Basic needs  
 • Youth development  
 • Mental health services  
 • Adoption services

\$ \_\_\_\_\_ (6035539)

If I cannot be reached regarding questions about my pledge, I authorize United Way's volunteers to direct my gift to Community-Wide Needs. I understand that information provided to United Way is used only to record my contribution and to communicate with me. I further understand that information may be shared with agency(ies) to which I have designated for acknowledgement purposes. United Way of Greater Cleveland respects the privacy of its contributors and does not rent, trade or sell its information.

**4. Optional Section -- Please note minimum gift requirements to ensure that your gift is processed appropriately (see reverse for detail.)**

**Partner Agencies or Other United Way** I wish to direct all or part of my pledge toward one or more United Way of Greater Cleveland community partner agency(ies) or another United Way where I live and access services (\$50 minimum per agency):

Agency Name or Other United Way \_\_\_\_\_ \$ \_\_\_\_\_ \$50 minimum Agency Name or Other United Way \_\_\_\_\_ \$ \_\_\_\_\_ \$50 minimum

**Other Northeast Ohio Health and Human Service Agencies** I wish to direct this portion of my pledge to an agency or organization not affiliated with United Way of Greater Cleveland and understand that United Way does not provide fiscal or program oversight. To help secure United Way's safety net of care, I understand that designations to non-partner agencies may not exceed 50 percent of my total pledge nor exceed four organizations (\$50 minimum per agency). (PLEASE NOTE: Not eligible to receive designations are capital campaigns, cultural, political, environmental, governmental, educational or religious organizations.)

Agency Name \_\_\_\_\_ City \_\_\_\_\_ \$ \_\_\_\_\_ \$50 minimum Agency Name \_\_\_\_\_ City \_\_\_\_\_ \$ \_\_\_\_\_ \$50 minimum

IRS DECLARATION: Nothing has been given in return for this contribution. Receipts for non-payroll contributions in the amount of \$250 or more will be mailed in January of the year following payment. Checks may be deposited electronically.