

# 2019-20 GIVING FORM

## STEP 1: PLEASE TELL US ABOUT YOURSELF

NAME (FIRST, MIDDLE INITIAL, LAST) _____		TITLE _____
HOME ADDRESS (REQUIRED FOR CARING CLUB) _____		DOB (MM/DD/YYYY) _____
CITY, STATE, ZIP _____		SSN (LAST 4 DIGITS) _____
PERSONAL PHONE _____	WORK PHONE _____	
PERSONAL EMAIL (REQUIRED FOR CARING CLUB) _____	WORK EMAIL _____	
EMPLOYER _____	WORK ZIP CODE _____	

GENDER:  Male  Female  Other

I am a member of a labor union:

## STEP 2: MAKE YOUR CONTRIBUTION

TOTAL CONTRIBUTION: \$ \_\_\_\_\_ OR \_\_\_\_\_ % OF SALARY.

### PAYMENT METHOD

EASY PAYROLL DEDUCTION  
\$ \_\_\_\_\_ Per pay period

ONE-TIME CONTRIBUTION (ENCLOSED)  
 Check (made payable to United Way of Greater Kansas City)  Cash

PLEASE BILL ME:  Once  Monthly  Quarterly  
BEGIN BILLING Month \_\_\_\_\_ Year \_\_\_\_\_

I INTEND TO RECOMMEND A DISTRIBUTION FROM A DONOR-ADVISED FUND IN THE AMOUNT OF:  
\$ \_\_\_\_\_ FUND NAME: \_\_\_\_\_

CREDIT/DEBIT CARD; AUTOMATIC WITHDRAWAL FROM BANK; STOCKS/SECURITIES  
Please complete and submit this form and call UWGKC at (816) 559-4627

### CUSTOMIZE YOUR CONTRIBUTION

DIRECT \$ \_\_\_\_\_ OF MY CONTRIBUTION TO THE UNITED WAY COMMUNITY IMPACT FUND, WHICH DOES THE FOLLOWING:

- Helps Children Get a Healthy Start in Life
- Promotes Kindergarten Readiness and Early-Grade Reading
- Empowers At-Risk Youth Through Mentoring and Skill Building
- Helps Victims Heal from the Effects of Violence, Abuse and Neglect
- Supports United Way 2-1-1: Connects People in Need to Help
- Fights Poverty, Hunger and Homelessness
- Connects the Uninsured to the Healthcare They Need
- Builds Financial Skills and Employment Readiness of Low-Income Adults
- Helps Older Adults Remain Healthy and In Their Own Homes
- Honors, Supports and Empowers Veterans
- Supports School Attendance

If you wish to direct your contribution to a specific organization, please ask your company's Employee Campaign Manager for a donor-directed contribution form.

THIS IS A JOINT CONTRIBUTION WITH MY SPOUSE/PARTNER  
Spouse/Partner Name: \_\_\_\_\_

Please list me/us as: \_\_\_\_\_  I/we wish to remain anonymous

Spouse/Partner Employer: \_\_\_\_\_ Spouse/Partner Email: \_\_\_\_\_

I WOULD LIKE TO JOIN ONE OF THE FOLLOWING:

<input type="radio"/> Caring Club Any gift of \$250+ to one of our impact areas <i>Receive discounts around town. Personal email and home address required</i>	<input type="radio"/> Emerging Leaders Society \$1,200 and above annual contribution <i>Make meaningful connections and create change</i>	<input type="radio"/> Women United \$2,400 and above annual contribution <i>Philanthropic women focused on education</i>	<input type="radio"/> Tocqueville Society \$10,000 and above annual contribution <i>Join this distinguished giving society</i>
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I am interested in learning about including United Way in my estate plans. Contact me at: \_\_\_\_\_  
PHONE

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please return completed form to your Employee Campaign Manager or send to:  
United Way of Greater Kansas City / P.O. Box 871400 / Kansas City, MO 64187-1400

Your contribution is tax-deductible; United Way does not provide any goods or services in exchange for contributions. For your tax records, the IRS requires you to keep a copy of this form along with your payroll receipt, W-2 or other employer documents to verify any payroll amount withheld and paid to United Way. United Way of Greater Kansas City will provide a receipt for all non-payroll deduction gifts of \$250 or more. Donor-directed forms must be signed by the donor and submitted with this completed form. For United Way's privacy policy, please visit [www.unitedwaygkc.org/about/privacy](http://www.unitedwaygkc.org/about/privacy).

United Way  
of Greater Kansas City

