

WILL YOU GIVE A LIFE CHANGING GIFT?

Because of generous donors, like you, United Way of the Plains has been helping our neighbors reach their potential for 100 years. With your continued support, we are building a stronger, more resilient community where all can thrive into the next 100 years.

WE MULTIPLY YOUR GIFT

United Way **more than doubles** the impact of every dollar donated by leveraging resources, grants, donated goods and volunteers to tackle the most pressing needs in our community.

\$1 = \$2.51
DONATION WORTH OF
IMPACT

THE IMPACT OF YOUR GIFT ADDS UP OVER A YEAR:



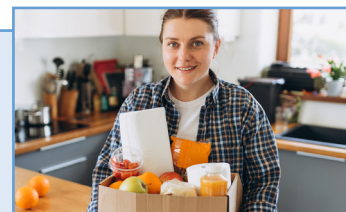
For the average price of a latte,
\$5 PER WEEK...
provides 10 preschool children a new, free book each month for a year to help them develop a love of reading.



For the average price of a car wash,
\$10 PER WEEK...
provides 94 hygiene kits to low-income students to meet their basic needs and restore their sense of dignity.



For the average price of movie tickets,
\$25 PER WEEK...
provides 5 survivors of domestic violence with workforce skills, employment, and career clothes as they gain financial independence.



For the average price of dinner out,
\$50 PER WEEK...
provides 433 nutritious food boxes to families so they don't go hungry.

YES! I WANT TO INVEST IN MY COMMUNITY.



MY INFORMATION

☐ Mr ☐ Mrs
☐ Ms ☐ Dr

First Name

MI

Last Name

Suffix

Home Address

City

State

ZIP Code

Phone ☐ Cell ☐ Home ☐ Work

Home Email

Work Email

Company Name

MY GIFT

Payroll Deduction

☐ Deduct 1% of my wages per pay period: \$_____

☐ Deduct per pay period: ☐ \$50 ☐ \$25 ☐ \$10 ☐ \$_____

Number of annual pay periods: ☐ 52 ☐ 26 ☐ 24 ☐ 12

Total annual payroll deduction: \$_____

☐ I have designated my gift. *Optional. See back for details.*

Direct Gift Options

Gift amount: ☐ \$1,000 ☐ \$500 ☐ \$200 ☐ \$100 ☐ \$_____

☐ Cash or check (payable to United Way of the Plains)

☐ Credit card (unitedwayplains.org/donate or text UWPLAINS to 41444)

☐ Automatic debit (unitedwayplains.org/autodebit)

☐ Stocks or bonds (Call (316) 267-1321 ext. 4205)

☐ Bill me (min. \$100): ☐ Quarterly ☐ _____
Other Frequency

Start _____ (month/year). Bill to: ☐ Home ☐ Work

SIGNATURE _____

DATE _____

We must have your signature to process.

By providing your email, you will receive updates from United Way of the Plains. You can unsubscribe at any time. United Way will not sell your information. Gifts to United Way of the Plains are tax deductible to the extent allowed by law. Pressure to give is unacceptable. United Way did not provide any goods or services in exchange for this donation. Please keep a copy of this form for your personal tax records.



TOGETHER, WE'RE CREATING A BRIGHTER FUTURE FOR ALL.

OPTIONAL DESIGNATION SELECTIONS

Direct my gift to the following area(s). List amounts based on total annual contribution. **My name:** _____

UNITED WAY COMMUNITY FUND:

Gift Amount: \$ _____

Invest my gift to have the greatest impact on the greatest needs in the areas of health, education, financial stability and basic needs.

USE MY GIFT TO MEET THE NEEDS I'M MOST PASSIONATE ABOUT:

Health \$ _____

Improving people's
wellness.

Education \$ _____

Nurturing children's
potential.

Financial Stability \$ _____

Fostering fiscal
security.

Basic Needs \$ _____

Covering necessities in
times of crisis.

Dolly Parton's Imagination Library \$ _____

Provides free books to preschool children
to develop a love of reading.

211 Information & Referral \$ _____

211 is a free, confidential service that connects Kansans to
health and human services to meet their needs.

Give Items of Value \$ _____

GIV accepts surplus inventory from
companies and offers it for free to nonprofits
to help them lower overhead expenses and
meet the tangible needs of clients.

SEND MY GIFT TO A LOCAL HEALTH AND HUMAN SERVICE NONPROFIT:

Gift Amount: \$ _____ Minimum \$100 (lesser amounts will be redirected to the United Way Community Fund). A processing fee of 12%, with a maximum of \$200 per designation, will be deducted.

Agency Name

Agency Address

City

State

ZIP Code

☐ Do not release my name or contact information to the agency.