## YOU HAVE THE POWER TO DO GOOD

Join United Way in fighting for the **health**, **education**, **financial stability** and **basic needs** of every person in our community. Your gift gives people the resources and opportunities they need to live their best lives possible.

#### **WE AMPLIFY YOUR IMPACT**

Last year, we turned every dollar donated into \$2.20 worth of impact through grants, volunteers, distributed goods, a prescription savings program and free tax prep services.



#### MAKING A DIFFERENCE IS EASIER THAN YOU THINK:



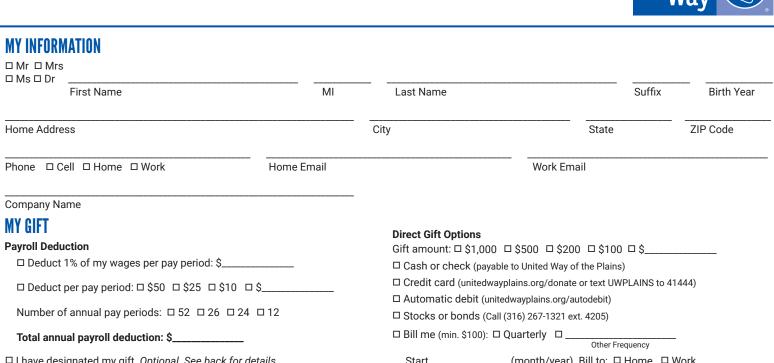


exams or medical supplies.





### MY PLEDGE TO OUR COMMUNITY.



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SIGNATURE_	DATE
We must have your signature to proc	ess.



# IF WE WANT TO LIVE BETTER, WE MUST LIVE UNITED.

<b>OPTIONAL DESIGNAT</b>	ION SELECTIONS						
Direct my gift to the following area(s). List amounts based on total annual contribution. My name:							
	is the largest, annual investme	ent program from United Way of the Pla us areas of health, education, financial		ing needs in our (	community. It provides		
USE MY GIFT TO MEET 1	THE NEEDS I'M MOST PASS	IONATE ABOUT:					
Health \$ Improving people's wellness.	Education \$ Nurturing children's potential.	Financial Stability \$ Fostering fiscal security.	Basic Needs \$ Covering necessiti times of crisis	ies in			
	•	211 Information & Referral \$_ 211 is a free, confidential service that health and human services to me	connects Kansans to				
SEND MY GIFT TO A LOC	CAL HEALTH AND HUMAN S	ERVICE NONPROFIT:					
Gift Amount: \$ \$200 per designation, will		amounts will be redirected to the Unite	d Way Community Fund). A pro	cessing fee of 12	2%, with a maximum of		
Agency Name	Agend	cy Address	City	State	ZIP Code		



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