

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.

\$1 = \$2.20
DONATION WORTH OF IMPACT

MAKING A DIFFERENCE IS EASIER THAN YOU THINK:

For the average price of a latte,
\$5 PER WEEK...



gives ten 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...




boosts the wellness of five low-income individuals by providing health screenings, eye exams or medical supplies.

For the average price of movie tickets,
\$25 PER WEEK...



provides a homeless prevention plan for five families, helping them find full-time employment and long-term self-sufficiency.

For the average price of dinner out,
\$50 PER WEEK...



provides five children in an at-risk neighborhood, a year of after-school enrichment programs.

MY PLEDGE TO OUR COMMUNITY.



MY INFORMATION

Mr Mrs
 Ms Dr

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.



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

OPTIONAL DESIGNATION SELECTIONS

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

UNITED WAY OPPORTUNITY ON THE PLAINS:

Gift Amount: \$ _____

Opportunity on the Plains is the largest, annual investment program from United Way of the Plains to help meet the most pressing needs in our community. It provides grants to health and human service programs in our focus 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.

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.