

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™

Char-Em United Way
PO Box 1701
Petoskey, MI 49770
Email: info@charemunitedway.org
web: www.charemunitedway.org



United Way Donation Form

MR/MRS/MS/DR FIRST NAME/S _____

LAST NAME _____

HOME ADDRESS (For credit card charges, address listed must be your billing address.) _____ CITY _____

STATE _____ ZIP _____ HOME PHONE _____ DAYTIME PHONE _____

IS THIS A:
 Personal Donation Business Donation _____ COMPANY NAME (IF APPLICABLE)

Let Us Know:

- I have been contributing to United Way for _____ years.
- I wish for my gift to remain anonymous.
- I want to know how to include United Way in my will so I can leave a legacy to my community.

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS _____

PLEASE SELECT DIRECT GIFT OR BILL ME:

DIRECT GIFT

AMOUNT \$ _____

BILL ME

TOTAL ANNUAL GIFT \$ _____

Direct gift to be paid by:

- Cash (enclosed)
- Personal check payable to Char-Em United Way (enclosed)
- Credit Card (Visa, Discover or Mastercard Only)
Card # _____
Expiration Date _____
- Securities (please call 231-487-1006 for assistance)

How often would you like to be billed:

- Monthly Amount per Installment _____
- Quarterly (minimum \$15 per installment)
- Twice a year

How would you like to be billed:

- Bill my home address
- Charge my Credit Card

United Way respects your privacy. We never sell or share donor information.

MY GIFT OF \$500 OR MORE qualifies me for membership in the Leadership Circle. My name will be listed as it appears above.

AMOUNT \$ _____

Or, please list my/our name(s) as follows: _____

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY:

option A

INFLUENCE THE CONDITION OF ALL. United Way Community Impact Fund.

AMOUNT \$ _____

The most powerful way to invest your contribution. Experienced community volunteers will allocate funds to ensure your gift will meet the greatest needs.

option B

EDUCATION Helping children and youth achieve their potential

- Preschoolers develop on track, ready to succeed in school
- Students graduate from high school
- Youth develop life and work skills

AMOUNT \$ _____

INCOME Helping families become financially stable and independent

- Supporting **basic needs** while increasing financial education
- Enhancing individual and families' financial stability, education, and vocational skills
- Helping community members overcome disasters and emotional or financial crisis

AMOUNT \$ _____

HEALTH Improving people's health

- Community members have access to basic and preventative health services
- Community members are knowledgeable about being healthy and avoid risky behaviors
- Seniors and disabled people maximize their self-sufficiency

AMOUNT \$ _____

option C

Donor Designated Contribution

AGENCY NAME AND ADDRESS

AMOUNT \$ _____

NOTE: A \$25 minimum contribution is required for each donor designation. Eligible agencies must be a nonprofit health and human service agency providing services to Emmet and Charlevoix counties or another United Way. Donor designated funds are subject to a processing and fundraising fee based on actual costs. However, no fee will be charged for donor designations to Char-Em United Way Partner Agencies or other United Ways.

Signature _____

THANK YOU!

Printing provided by Northern Michigan Regional Hospital

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution.