

GIVE. ADVOCATE. VOLUNTEER.

STEP 1: Contact Information

YOUR NAME: _____

Organization Name: _____

Email: _____

Home Address: _____

City/State/Zip: _____ Phone: _____

SIGNATURE: _____ Date: _____

I am a Loyal Contributor, please contact me for my Story of Giving.
(Loyal Contributors are individuals who have been giving to United Way of Androscoggin County for 25+ years.)

UNITED WAY RESPECTS YOUR PRIVACY AND DOES NOT SELL OR EXCHANGE MAILING LISTS.

PLEASE PRESS FIRMLY



United Way of Androscoggin County
66 Ash Street, PO Box 888
Lewiston, ME 04243-0888
(207) 795-4000
www.unitedwayandro.org

STEP 2: How to Give

Please Check One of the Following Two Options:

1. Easy Payroll Deduction

A. I want to contribute the following amount per pay period:

\$20 \$15 \$10 \$5 \$3 \$ _____

B. My pay period is: Weekly (52) Biweekly (26) Monthly (12)

Other _____

TOTAL ANNUAL GIFT: A x B = \$ _____

2. One-Time Gift

I pledge a total of \$ _____ to be paid by:

Cash/Check Enclosed (Made payable to United Way)

Credit Card: (Circle one)

_____ / _____
Card No. Exp. Date (Required)

Signature: _____

Charge My Gift: (Choose one)    Monthly Quarterly One-Time

STEP 3: How to Invest

Leaders' Circle:

My individual or household gift of \$750 or more qualifies me for membership in the Leaders' Circle. Please consider an increase. To be recognized for combined household gifts, please provide the following:

For recognition purposes, I/we would like to be listed as:

(If you wish to be listed as anonymous, please indicate on line below.)

Name of Spouse/Partner: _____

Employer of Spouse/Partner: _____

I have included United Way in my estate plans.

Please send me information on Planned Giving.

No goods or services were provided in consideration for this contribution; therefore, the full amount of your United Way donation qualifies as a tax deduction to the extent allowed by law. Retain your copy for tax purposes.

Our 5 Impact Areas

- Thriving Families and Successful Children--Success By 6™
- A Dynamic Community
- Meeting Basic Needs
- Life-Long Learning
- Personal and Community Safety

LIVE UNITED

Your annual gift and its impact

- \$1,040.00 (\$20.00 a week donation)**
= One month of activities for parents and children in a family literacy program.
- \$780.00 (\$15.00 a week donation)**
= Assistance for a person with mental illness who is homeless to obtain a permanent home.
- \$520.00 (\$10.00 a week donation)**
= A family who has survived a fire is provided clothing and immediate necessities.
- \$260.00 (\$5.00 a week donation)**
= Two parents gain education and support to help prevent child abuse.
- \$156.00 (\$3.00 a week donation)**
= A person needing transport to medical appointments receives nine round-trip rides.

If you wish to designate your gift more specifically, please fill out the optional form on the reverse side.

THANK YOU!

How I Want to Invest In My Community *(This side is optional.)*

United Way Community Care Fund

- By choosing this fund, your contribution makes the biggest difference in Androscoggin County.

This fund is invested in five impact areas that provide lasting, meaningful and tangible changes right in our backyard.

Volunteers work hard to ensure that only the programs that demonstrate a measurable impact on people's lives are trusted with United Way dollars.

Impact Area Designations

If you feel strongly about a specific issue, you can direct your gift to that area.

- Thriving Families and Successful Children
— Success By 6™
- A Dynamic Community
- Meeting Basic Needs
- Life-Long Learning
- Personal and Community Safety

Specific Care (\$25 minimum)

In addition to United Way of Androscoggin's Community Care Fund and Impact Areas, you also have the choice of directing a portion or all of your gift to a specific agency.

The organization must be a tax-exempt 501(c)(3) agency. If the agency does not qualify, we will contact you.

Specific Care pledges are assessed both a fund raising and administrative fee based on actual historical costs in accordance with the United Way of America Membership Standards.

- Please direct _____% of my gift to another United Way:

- Please direct _____% of my gift to the following agency:

Agency Name _____

Address _____

City/State/Zip _____

- No, please do not share my name and address with this designated agency or United Way.

Please make sure your designation amounts match your total gift. If designations are illegible or not eligible, United Way will make an effort to reach you. If we are unable to do so, your gift will be allocated through the Community Care Fund by local volunteers.

The expenses associated with processing donor designated pledges are recovered by an assessment for both fund raising and management and general fees based on actual historical costs in accordance with United Way of America Membership Standards as outlined in their publication titled United Way of America Cost Deduction Requirements for Membership Standard M.



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