

Step 1: My Information *Thank you for clearly printing all information.*

United Way
of Central Georgia

Mr. Mrs. Name: _____
 Ms.
 Mailing Address: _____
 City/State/Zip: _____
 Company: _____
 Email Address: _____

For Leadership Givers

If your contribution, or combined contribution of you and your spouse total \$1,000 or more, you qualify as a Leadership Giving member.

- My gift of \$1,000 or more qualifies me as a Leadership Giving member.
- My gift equals \$1,000 or more when combined with my spouse's gift of \$ _____
 Spouses Name: _____
 Spouse's Company: _____
 Please list my name(s) in Leadership Directory as: _____
- I prefer to remain anonymous.

277 MLK Jr. Blvd. W.
Suite 301
Macon, GA 31201-0513
P.O. Box 1302 (31202-1302)
(478) 745-4732
FAX (478) 741-1731

www.unitedwaycg.com

Step 2: My Gift; Choose **ONLY ONE** giving option below.

Suggested Giving Guide (percent of annual salary)

Annual Income	Percent	Weekly Contribution	Annual Contribution	Annual Income	Percent	Weekly Contribution	Annual Contribution
Up to \$19,999	0.6%	Up to \$2.30	Up to \$119.99	\$50,000 to \$99,999	2.0%	\$19.23 - \$38.44	\$1,000 - \$1,999
\$20,000 to \$49,999	1.0%	\$3.85 - \$9.58	\$200 - \$499	\$100,000 and up	2.5%	\$48.08 and up	\$2,500 and up

- Option 1:** I would like to support the community with the following payroll deduction gift per pay period:
 \$100 \$50 \$25 \$10 \$5 Other \$ _____
My pay period is:
 Weekly (52 per year) Twice a month (24 per year)
 Every 2 Weeks (26 per year) Other _____

- Option 2: My gift is enclosed.**
 Please make check payable to **United Way of Central Georgia.**
- Option 3: Please charge my:**
 Mastercard VISA American Express
 Account # _____
 Expiration Date _____

My Total Contribution Is \$ _____

Signature _____ **Date** _____

Please note: United Way of Central Georgia's policy is to honor designations to partner agencies, but if unable to do so for any reason, your signature grants variance power on your contribution and authorizes distribution of your contribution for any charitable purpose and to any tax-exempt nonprofit organization in order to meet the needs of the community. The IRS requires donors to have a bank record or written substantiation for contributions to charitable organizations. United Way of Central Georgia will provide written substantiation as required by the IRS. No goods or services were provided, in whole or in part, in consideration for this contribution.

Step 3: My Choice Three Ways to Help!

Your gift to United Way's Community Impact Fund will be used to help provide a wide variety of services right here in our community where the need is most urgent. You may also request that your gift be used to address specific areas of service, or through a specific United Way Partner Agency. Please indicate below how you wish your gift to be used. **CHOOSE AND FILL OUT ONLY ONE OPTION BELOW.**

- Option 1: UNITED WAY'S COMMUNITY IMPACT FUND**
(United Way's recommended choice!)

Please use my gift to help many people with many different needs through the Community Impact Fund. (6000)

- Option 2.: United Way Focus Areas**
 Please use my gift to help with: (Check one.)

- EDUCATION** - Helping Children and Youth Achieve Their Potential (6100)
- INCOME** - Promoting Financial Stability and Interdependence (6300)
- HEALTH** - Improving People's Health (6900)

- Option 3: Specific United Way Partner Agency**

Please direct my gift to the following **United Way Partner Agency**. United Way cannot accept designations to non-partner agencies. Such designations will be added to the Community Impact Fund.

Thank You!



(Indicate full name of agency from brochure.)

A minimum \$25 gift is required to process designations. United Way deducts a fee from designated gifts based on actual fundraising and processing expenses incurred.