



Check here if you do not wish to receive year-round communications from United Way of Southern Nevada

1. Please tell us about yourself

Faculty/Professional Classified

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____ PRIMARY PHONE _____ WORK PHONE _____

COMPANY NAME _____ EMPLOYEE NUMBER (this is not your L number) _____

EMAIL ADDRESS _____

2. Please select either a payroll deduction

Or a one time gift

My total annual gift by payroll deduction:
I want to contribute the following amount for each of my pay periods:

My annual pay period cycle is:

My total annual one time gift:

My leadership gift of \$1,000 or more per year qualifies me for membership in United Way's Leadership Society.

- \$50 \$25 \$10 \$5
- Other \$ _____

- Twice Monthly (24)
- Monthly (12)

- Cash (enclosed)
- Personal check (enclosed)
- Credit card (see coordinator for form)

Please list my/our name(s) in the Leadership Registry as follows:

- I prefer that my gift remain anonymous
- I would like more information on United Way of Southern Nevada's Women's Leadership Council.

AMOUNT \$ _____
(i.e. \$50.00 x 12 mo. = \$600 total)

AMOUNT \$ _____

3. Please choose how you want to invest in your community



Community Impact Fund

I want to make the most powerful contribution possible. Please invest my contribution in United Way's Community Impact Fund to make my community a stronger and safer place to live.

AMOUNT \$ _____



Support member agencies in their effort to provide services and programs to the local communities that are dedicated to education, rehabilitation, and crisis intervention.

AMOUNT \$ _____



UNLV's Invent the Future Campaign: Providing funds for a myriad of UNLV programs, including opportunities for students and faculty, research endeavors, and partnerships that extend across all corners of our community.

AMOUNT \$ _____

AGENCY NAME (OR CODE) _____

Please DO NOT give any of my investment to: _____

Total giving options
(must equal total contribution from STEP 2 above)

AMOUNT \$ _____

RESTRICTED GIFTS (optional): You may direct all or a portion of your gift to support a United Way partner agency; another United Way; or any 501(c)(3) non-profit tax exempt organization with an eligible health and human service program. Gifts may revert to United Way's Community Impact Fund if the designated agency does not qualify or cannot be located. All 501(c)(3) non-profit organizations are eligible.

4. I understand United Way will process my contribution according to my wishes. If United Way has any questions about my contribution, a staff member will contact me at the above address. If I do not respond, I authorize United Way to direct my gift to the Community Impact Fund. This is a charitable contribution and I am not receiving any goods or services in return. I authorize the preceding contribution to be deducted from my pay and to remain in effect as long as I am employed here or until it is changed by me.

Signature _____

Date _____

Please check the accuracy of all your entries. Thanks for contributing to United Way of Southern Nevada.

FEE STATEMENT: Should you choose to direct your gift to a specific agency or program, your contribution may not have the benefit of United Way program success monitoring. United Way will retain up to 15% on payroll deduction pledges to offset administrative and fundraising expenses, and unpaid pledges.