

UNITED WE FIGHT UNITED WE WIN

WHOSE LIFE WILL YOU CHANGE?

Provide your email address so we can show you how your dollars are making a difference and how you can get involved.



1 CONTACT INFORMATION: Please print legibly.

Dr./Mr./Ms./Mrs. **First Name** _____ **Middle** _____ **Last Name** _____
(circle one) (required)

Billing Address _____ **Gender** (circle one) **Female** **Male**
(required)

City/State/Zip _____ **Date of Birth** ____ / ____ / ____

Preferred Phone _____ **Employer** _____

Preferred Email _____ I prefer all my gifts to remain anonymous for publication.

2 YES! I WANT TO SUPPORT UNITED WAY OF BROWARD COUNTY'S WORK:

SUPPORT TOTAL IMPACT

The most powerful way to give is by investing in all three initiatives.

HEALTH

Ensuring people have the opportunity to achieve optimal health

EDUCATION

Helping people achieve their greatest potential through early learning and leadership programs

FINANCIAL STABILITY

Empowering people to earn, keep and grow assets

3 PLEASE SELECT YOUR METHOD OF INVESTING:

Easy payroll deduction

A. Number of pay periods _____

B. Amount per pay period

\$25 \$20 \$10
 \$5 Other _____

Your final check stub for the year is your receipt.

TOTAL GIFT AMOUNT (A x B) \$ _____

Cash/Check (please attach and make check payable to United Way of Broward County)

Stocks/Securities (please call 954-453-3756)

Credit Card:
Choose one: Monthly Quarterly Once Date to start billing [M][M][Y][Y]
(billing will begin upon receipt unless otherwise noted)

Credit Card (Circle one - Amex, Visa, MasterCard, Discover)
CREDIT CARD NUMBER _____
EXPIRATION (MM/YY) ____ / ____ CVC _____
(billing address required above)

TOTAL GIFT \$ _____

*The payroll deduction will continue until payroll department is notified by the employee to terminate the deduction.

4 I WANT TO GET INVOLVED IN UNITED WAY AFFINITY GROUPS:

- Women United**
- Leaders United** (Business & Professionals)
- NextGen United** (Under Age 35)

5 I WANT TO LEARN MORE ABOUT UNITED WAY'S OUTREACH TO:

- Black/African Americans**
- Hispanics**
- LGBTQ**
- Retirees**

6 PLEASE SIGN AND DATE:

Signature - required (your signature authorizes your commitment) _____ Date _____

To give to a different United Way or any 501(c)(3) health and/or human services agency in Broward, Palm Beach or Miami-Dade county, please list below.

NAME OF UNITED WAY OR AGENCY _____ ANNUAL DOLLARS (MINIMUM \$100.00) \$ [][][][][][] . [][][]

ADDRESS _____

PHONE _____

Thank you for your generosity!

UNITED WAY GIVING LEVELS

We invite you to get involved in our affinity groups which are designed to connect you to our community. United Way's affinity groups provide networking, professional development and volunteer opportunities at each giving level. Join like-minded individuals who care about supporting those in need in our affinity groups: Women United, Leaders United and NextGen United.

HOUSEHOLD GIVING LEVELS

Alexis de Tocqueville Society
\$10,000 and above

INDIVIDUAL GIVING LEVELS

Signature
\$7,500 +

Pillar
\$5,000 +

Envision
\$2,500 +

Leadership
\$1,000 +

GameChangers
\$365 +

Community Builders
\$364 and under

Leadership Fast Track

Participation in Leadership Fast Track is a three-year commitment

Year One:	\$500
Year Two:	\$750
Year Three:	\$1,000

**UNITED WAY OF BROWARD COUNTY
FIGHTS FOR THE HEALTH,
EDUCATION AND FINANCIAL
STABILITY OF EVERY PERSON IN
OUR COMMUNITY.**



United Way of Broward County

Ansinn Building
1300 South Andrews Avenue
Fort Lauderdale, FL 33316

954-462-4850
UnitedWayBroward.org

Chairman's Circle Sponsors

