

# United Way of Central Virginia

Serving the cities of Bedford and Lynchburg and the counties of Amherst, Appomattox, Bedford, and Campbell.



**1 MY INFORMATION** please print clearly

Employee ID \_\_\_\_\_ Company \_\_\_\_\_  
 Mr.  Mrs.  Dr. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Email  Home  Work \_\_\_\_\_

**2 PAYMENT OPTIONS**

<b>LEADERSHIP GIVING</b>	<b>TOCQUEVILLE SOCIETY</b> \$10,000 +	<b>COMMONWEALTH SOCIETY</b> WASHINGTON CLUB \$7,500 - \$9,999	<b>JEFFERSON CLUB</b> \$5,000 - \$7,499 <b>MADISON CLUB</b> \$3,000 - \$4,999	<b>MONROE CLUB</b> \$2,000 - \$2,999 <b>TYLER CLUB</b> \$1,500 - \$1,999	<b>WILSON CLUB</b> \$1,000 - \$1,499 <b>OLD DOMINION SOCIETY</b> \$500 - \$999
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I will give through payroll deduction  \$25  \$20  \$10  Other  
 Per pay period (Refer to the Payroll Deduction Guide on reverse side for suggestions) \$ \_\_\_\_\_  
 One-time payroll deduction  Fair share – see campaign manager to verify amount \$ \_\_\_\_\_  
 I am enclosing my gift:  Cash  Check # \_\_\_\_\_ Dated \_\_\_\_\_ \$ \_\_\_\_\_  
 Credit Card (above address MUST be completed)  Master Card  Visa  American Express  
 Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ \$ \_\_\_\_\_  
 Stock to be forwarded on: (Date) \_\_\_\_\_ (Contact United Way for assistance at 434-455-6902) \$ \_\_\_\_\_

**3 GIVING OPTIONS**

United Way's Community Care Fund (The Community Care Fund goes directly to 59 Partner Agency programs. The best investment to do the most good.) \$ \_\_\_\_\_  
 In memory of Ronald V. Dolan's philanthropic endeavors in Central Virginia

United Way's 4 most critical areas in Central Virginia (You may donate to one or more areas)

- Successful Children & Youth \$ \_\_\_\_\_
- People in Crisis Receive Help \$ \_\_\_\_\_
- Strengthened Families & Individuals \$ \_\_\_\_\_
- Healthy Independent Individuals Throughout Life \$ \_\_\_\_\_

Individual Agencies \$36 minimum required for each donation. (If giving to individual Partner Agencies, please see reverse side for a list of agency code numbers.)

Agency Code \_\_\_\_\_ \$ \_\_\_\_\_  
 Agency Code \_\_\_\_\_ \$ \_\_\_\_\_  
 Agency Code \_\_\_\_\_ \$ \_\_\_\_\_  
 United Way of \_\_\_\_\_ \$ \_\_\_\_\_

**4 SPECIAL RECOGNITION** My gift qualifies me for special recognition

I wish my gift to be combined with my spouse's gift:  
 Name of Spouse/Partner \_\_\_\_\_ His/Her Employer \_\_\_\_\_

I am a Leadership Giver. I/We wish to be recognized as follows: \_\_\_\_\_

I am a Loyal Contributor to any United Way for:  5-9 years  10-24 years  25+ years

I/We wish to remain anonymous

**5**  I am interested in serving on a Review Team  I would like information about United Way's Planned Giving Program  
 I am interested in becoming a United Way volunteer  I am interested in the Young Leaders Society (approximate ages 21 to 45)

**SIGNATURE REQUIRED** X \_\_\_\_\_ **TOTAL ANNUAL GIFT IS:** \$ \_\_\_\_\_



**THE POWER OF A GIVING COMMUNITY**

Giving to one, gives to us all. Make a difference. Give. Advocate. Volunteer. When you give of your time, talent, and donation, you empower United Way's Partner Agency programs to serve the following 4 most critical areas in our region:

**SUCCESSFUL CHILDREN & YOUTH**

Create opportunities for our children and youth to develop into productive, healthy adults through programs such as:

- mentors for children,
- drug prevention programs,
- access to quality childcare, and
- before and after-school activities.

**PEOPLE IN CRISIS RECEIVE HELP**

Provide access to emergency services to stabilize the physical and mental safety of citizens, and provide for the basic needs of families and individuals in crisis through programs such as:

- emergency shelter,
- food and financial assistance,
- crisis phone lines and counseling,
- disaster relief, and
- transitional housing.

**STRENGTHENED FAMILIES & INDIVIDUALS**

Develop skills for families and individuals to live independently and self-sufficiently through programs such as:

- job skills, job placement,
- counseling,
- parenting programs, and
- personal finance and savings programs.

**HEALTHY INDEPENDENT INDIVIDUALS THROUGHOUT LIFE**

Provide access to quality, affordable health/mental health care and education, and prevent early institutionalization of older, disabled and/or mentally ill people through programs such as:

- job training and employment for people with disabilities,
- home-delivered meals and personal care for seniors,
- basic health and dental care, and
- educational programs for children with learning disabilities.

**UNITED WAY PARTNER AGENCY CODES** 28 Partner Agencies with 59 programs

Adult Care Center of Central Virginia . . . . .	1000	Free Clinic of Central Virginia, Inc. . . . .	1160
Alliance for Families & Children . . . . .	1010	Lynchburg Community Action Group . . . . .	1190
Altavista Area Habitat for Humanity . . . . .	1015	Lynchburg Sheltered Industries . . . . .	1200
American Red Cross Historic Virginia Chapter . . . . .	1311	Mary Bethune Academy . . . . .	1060
Arc of Central Virginia . . . . .	1040	Meals on Wheels . . . . .	1210
Bedford Area Family YMCA . . . . .	1280	Mental Health Association of Central Virginia . . . . .	1220
Bedford Christian Ministries . . . . .	1050	New Land Jobs . . . . .	1230
Big Brothers Big Sisters . . . . .	1070	Piedmont Community Impact Organization . . . . .	1235
Boy Scouts – Blue Ridge Mountains Council . . . . .	1080	Salvation Army . . . . .	1250
Camp CHILD . . . . .	1090	Sheltered Workshop of Altavista . . . . .	1253
CASA of Central Virginia . . . . .	1110	Virginia Legal Aid Society . . . . .	1260
Central Virginia Area Agency on Aging . . . . .	1120	YMCA of Central Virginia . . . . .	1290
Children's Home Society . . . . .	1130	YWCA of Central Virginia . . . . .	1310
Crisis Line of Central Virginia . . . . .	1150	United Way's 211 VIRGINIA . . . . .	3000
DAWN (Donation-A-Week Neighbors) . . . . .	1155	United Way's Success By 6 . . . . .	3030

**SUGGESTED PAYROLL DEDUCTION GUIDE**

This is what will be deducted from each paycheck, depending on the number of times you are paid.

PLEDGE AMOUNT	WEEKLY (52x/YR.)	BI-WEEKLY (26x/YR.)	SEMI-MONTHLY (24x/YR.)	MONTHLY (12x/YR.)
\$125*	\$2.41	\$4.81	\$5.21	\$10.42
\$250*	\$4.81	\$9.62	\$10.42	\$20.83
\$500*	\$9.62	\$19.23	\$20.83	\$41.67
\$1,000*	\$19.23	\$38.46	\$41.67	\$83.33

\*IRS Tax Guidelines mandate that taxpayers who wish to deduct contributions made through payroll deduction must retain pay stub, Form W-2 or other document furnished by employer that shows the total amount withheld for payment to charity, along with the pledge card that shows the name of the charity.