LIVE UNITED WITH US!

UNITED WE STAND and UNITED WE WIN. Your weekly contribution will add up to big wins for our community.

WHAT A DOLLAR BUYS:

$1 SODA  
PER WEEK

or

New school supplies for four Canadian County children.

$5 COFFEE  
PER WEEK

or

A holiday dinner for five Canadian County families living in poverty.

$10 LUNCH  
PER WEEK

or

Crisis intervention services and advocacy for a Canadian County resident who has experienced domestic and/or sexual abuse.

$25 PAIR OF MOVIE TICKETS AND POPCORN  
PER WEEK

or

A special court appointed volunteer advocate for an abused and/or neglected child in Canadian County.

P.O. Box 850097 • Yukon, OK 73085  
p. 405.236.8441 • f. 405.235.2011  
unitedwaycanadiancounty.org  
@unitedwaycanadiancounty
MY INFORMATION  
**please print**

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.  ☐ Male ☐ Female

First Name: ___________________ Last Name: ___________________ Employer: ___________________

Home address: ___________________ City: ___________________ State: _______ Zip: _______

Cell phone: ___________________ Work phone: ___________________ Home phone: ______________

Personal email: ___________________ Work email: ___________________

Let us know: ☐ I will be retiring this year. ☐ I’ve given to United Way since _______

MY GIVING OPTIONS

☐ Option 1: Easy payroll deduction

I authorize my employer to deduct the following amount each pay period.

☐ $50 ☐ $40 ☐ $30 ☐ $20 ☐ $10 ☐ $5 ☐ Other $_____

or the following percentage of wages each pay period:

☐ 0% ☐ 1.5% ☐ 1% ☐ 1 hour’s pay per month (.6%) ☐ Other ____%

For a total of $__________ per year. (multiply payroll deduction by ____ pay periods.)

☐ Option 2: One time gift in the amount of $__________

☐ Cash ☐ Check made payable to United Way of Canadian County

☐ Credit card (Visa/MasterCard/American Express/Discover)

☐ Visit our website at unitedwaycanadiancounty.org and click "Donate Now". This provides immediate processing. Date paid: ________________

☐ OR

☐ Provide your daytime phone number and you will be contacted for payment. If we are unable to reach you to obtain credit card information, we will send you a pledge reminder with instructions on how to make a payment via credit card. Phone: ___________________

☐ Stock/Securities/IRA Charitable Rollover

Provide your daytime phone number and you will be contacted with instructions. Phone: ___________________

How do you want to invest in your community?

☐ Option A: Community Fund (recommended)

The most effective way to help the community is by making an unrestricted gift to the United Way of Canadian County. Community Investment volunteers, along with the board of directors, distribute funds to programs meeting the most critical needs. Gifts without designation will be directed to this fund.

☐ Option B: Donor Designation (optional)

If you prefer to designate all or part of your contribution to specific agencies using ONLY the codes provided. Designations require a minimum $24 contribution per agency. Any amount less than $24 will be distributed to agencies through the Community Investment process.

I designate my gift to:

<table>
<thead>
<tr>
<th>Agency code</th>
<th>Annual amount</th>
</tr>
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<tbody>
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<td></td>
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</tbody>
</table>

☐ If you designate your gift your information will be shared with the designated agencies. **If you wish to remain anonymous**, for this purpose, please check the box.

Please sign below to confirm your donation and help make difference in our community.

X [Signature (required)] Date ________________

THANK YOU FOR YOUR CONTRIBUTION. United Way of Canadian County is a qualifying, tax-exempt organization under the Internal Revenue Code section 501(c)(3). As such, your donation may be tax-deductible. Please consult your tax advisor. If you choose to contribute by payroll deduction you must retain a copy of this pledge form in addition to your pay stub or W-2 form to document your gift to United Way of Canadian County. No goods or services have been received for this contribution.

Donor Privacy: We respect the privacy of our donors. We retain donor information in a secure database where it is used to verify transactions, print receipts, thank supporters for their contributions, keep supporters informed, and solicit future donations. We do not keep credit card information in this database. We provide information to our board members and staff on a confidential, need-to-know basis. We do not share or trade our donors’ names or personal information with others, and we do not sell that information. We release donor information to other agencies if they are receiving funds specifically designated by the donor, unless the donor has directed us otherwise. We recognize our leadership level donors in our leadership registry annually, unless they request otherwise. We do not send mailings to our donors on behalf of others.

GIVING SOCIETIES

Please check the box to continue your membership or to request info on joining. Information and invitations are sent via email so please provide your contact info above in the My Information section.

☐ Leadership Giving Association: Donors giving $500 or more

☐ Tocqueville Society: Donors giving $10,000 or more

☐ Combine my gift with my spouse’s gift for a total of $500 or more.

<table>
<thead>
<tr>
<th>Spouse's name</th>
<th>Spouse's email</th>
<th>Spouse's employer (if applicable)</th>
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I WOULD LIKE MORE INFO ABOUT:

☐ How I can include United Way of Canadian County in my will to leave a lasting legacy.

☒ Volunteer opportunities in the community.

☐ Community Investment volunteering.

(See how your donor dollars impact the community firsthand.)
United Way of Canadian County Donor Contribution Form

My Information

Please print

First Name: ____________________ Last Name: ____________________ MI: ____
Home address: ____________________ City: ____________________ State: ______ Zip: ______
Cell phone: ____________________ Work phone: ____________________ Home phone: __________
Personal email: ____________________ Work email: ____________________

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or the following percentage of wages each pay period:

□ 2%  □ 1.5%  □ 1%  □ 1 hour’s pay per month (6%)  □ Other ______%

For a total of $ __________ per year.  (multiply payroll deduction by ___ pay periods.)

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□ Stock/Securities/IRA Charitable Rollover

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Please sign below to confirm your donation and help make difference in our community.

X ____________________ Signature (required) ____________________ Date

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Spouse’s name: ____________________ Spouse’s email: ____________________ Spouse’s employer (if applicable)

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Please print

[ ] Mr.  [ ] Mrs.  [ ] Ms.  [ ] Dr.  [ ] Male  [ ] Female

First Name: ___________________________ MI: ____ Last Name: ___________________________ Employer: ___________________________

Home address: ___________________________ City: ___________________________ State: _______ Zip: _______

Cell phone: ___________________________ Work phone: ___________________________ Home phone: ___________________________

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__________________________  ___________________________
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