AFFIX LABEL HERE

UNITED WAY of the VIRGINIA PENINSULA



www.uwvp.org

ADDRESS AREA CODE FIRST CITY STATE ZIPCODE PHONE NUMBER	EMPLOYEE NUMBER	MR. MRS. MS.	Give \$150 or more and get a SmartCard! See back for details!						
PHONE NUMBER Check the areas of Community Care that are most important to you CHILDREN/YOUTH BASIC NEEDS SELF-SUFFICIENCY COMMUNITY HEALTH MY TOTAL GIFT CHOOSE PAYROLL DEDUCTION. Take it out of my paycheck times. I CHOOSE PAYROLL DEDUCTION. Take it out of my paycheck times. I CHOOSE TO PAY NOW by: CASH CHECK Please SIGN your form below and choose your method of payment on the right: PLEASE BILL ME QUARTERLY beginning in February. My HOME address is above. NO GOODS OR SERVICES HAVE BEEN PROVIDED IN EXCHANGE FOR THIS PLEDGE. TOP WHITE COPY - to United Way in Report Envelope MIDDLE YELLOW COPY - to your Payroll Office BACK PINK COPY - to the Donor for his/her records OPTIONAL: Minimum \$50 gift required. AMOUNT	PRINT) FIRST NAME								
Check the areas of Community Care that are most important to you CHILDREN/YOUTH BASIC NEEDS SELF-SUFFICIENCY COMMUNITY HEALTH MY TOTAL GIFT Gegins January—See back for guide! I CHOOSE PAYROLL DEDUCTION. Take it out of my paycheck fimes. I CHOOSE TO PAY NOW by: CASH CHECK Please SIGN your form below and choose your method of payment on the right: PLEASE BILL ME QUARTERLY beginning in February. My HOME address is above. NO GOODS OR SERVICES HAVE BEEN PROVIDED IN EXCHANGE FOR THIS PLEAGE. SIGNATURE REQUIRED DATE OPTIONAL: Minimum \$50 gift required. AMOUNT THANK YOU! YOU'RE DONE!									
Check the areas of Community Care that are most important to you CHILDREN/YOUTH BASIC NEEDS SELF-SUFFICIENCY COMMUNITY HEALTH MY TOTAL GIFT ICHOOSE PAYROLL DEDUCTION. Take it out of my paycheck times. I CHOOSE PAYROLL DEDUCTION. Take it out of my paycheck times. I CHOOSE TO PAY NOW by: CASH CHECK									
CHILDREN/YOUTH BASIC NEEDS SELF-SUFFICIENCY COMMUNITY HEALTH MY TOTAL GIFT THIS YEAR IS ICHOOSE PAYROLL DEDUCTION. Take it out of my paycheck	(PRINT) E-MAIL ADDRESS		COMPANY NAME						
THIS YEAR IS Gegins January — See back for guide I CHOOSE TO PAY NOW by: CASH CHECK I CHOOSE TO PAY NOW by: CREDIT CARD (Minimum gift of \$25 required) I CHOOSE TO PAY NOW by: CREDIT CARD (Minimum gift of \$25 required) CREDIT CARD (Minimum gift of \$25 required) MasterCard Visa American Express (HOME address must be completed above) CREDIT CARD (Minimum gift of \$25 required) MasterCard Visa American Express (HOME address must be completed above) CREDIT CARD (Minimum gift of \$25 required) CREDIT CARD (Minimum gift of \$25 required) MasterCard Visa American Express (HOME address is above) PLEASE BILL ME QUARTERLY beginning in February. My HOME address is above. TOP WHITE COPY - to United Way in Report Envelope MIDDLE YELLOW COPY - to your Payroll Office BACK PINK COPY - to the Donor for his/her records THANK YOU! YOU'RE DONE!									
Please SIGN your form below and choose your method of payment on the right: Description of the payment on the right: PLEASE BILL ME QUARTERLY beginning in February. My HOME address is above.	Terroose rankoze sepochori. Take ir our or my payeriesk innes.								
form below and choose your method of payment on the right: PLEASE BILL ME QUARTERLY beginning in February. My HOME address is above. PLEASE BILL ME QUARTERLY beginning in February. My HOME address is above. TOP WHITE COPY - to United Way in Report Envelope MIDDLE YELLOW COPY - to your Payroll Office BACK PINK COPY - to the Donor for his/her records OPTIONAL: Minimum \$50 gift required. AMOUNT	ė.	☐ I CHOOSE TO PAY NOW by: ☐ CASH ☐ CHECK							
On the right: PLEASE BILL ME QUARTERLY beginning in February. My HOME address is above. NO GOODS OR SERVICES HAVE BEEN PROVIDED IN EXCHANGE FOR THIS PLEDGE. TOP WHITE COPY - to United Way in Report Envelope MIDDLE YELLOW COPY - to your Payroll Office BACK PINK COPY - to the Donor for his/her records OPTIONAL: Minimum \$50 gift required. AMOUNT THANK YOU! YOU'RE DONE!	form below and choose your method of MasterCard Visa American Express (HOME address must be completed above choose your method of								
TOP WHITE COPY - to United Way in Report Envelope MIDDLE YELLOW COPY - to your Payroll Office BACK PINK COPY - to the Donor for his/her records OPTIONAL : Minimum \$50 gift required. AMOUNT	* *	PLEASE BILL ME QUARTERLY beginning in February. My HOME address is above.							
THANK YOU! YOU'RE DONE!	NO GOODS OR SERVICES HAVE BEEN	PROVIDED IN EXCHANGE FOR THIS PLEDGE.	MIDDLE YELLOW COPY - to your Payroll Office						

Payroll Deduction Guide										
From how many paychecks do you want your pledge deducted?										
	If your This amt will be deducted from is this: 52 checks		This amt will be deducted from 26 checks		This amt will be deducted from 24 checks		This amt will be deducted from 12 checks			
SMARTCARD►	\$	150	\$	2.89	\$	5.77	\$	6.25	\$	12.50
A gift of less than \$3.00 per week,	\$	250	\$	4.81	\$	9.62	\$	10.42	\$	20.84
qualifies you for a	\$	500	\$	9.62	\$	19.24	\$	20.84	\$	41.67
SmartCard and great discounts at	LEADERSHIP GIVING PAYMENT GUIDE									
local businesses!	PI	LEDGE:		52x		26x		24x		12x
The Keel Club	\$	1,000	\$	19.24	\$	38.47	\$	41.67	\$	83.34
The Anchor Guild	\$	5,000	\$	96.16	\$	192.31	\$	208.34	\$	416.67
Tocqueville Society	\$ 1	0,000	\$	192.31	\$	384.62	\$	416.67	\$	833.34

Those who give \$150 or more will receive the SmartCard, offering great discounts at local businesses and unlimited use for an entire year!

LOCAL UNITED WAY FUNDED SERVICE PROVIDERS

7001	Altamaticas Inc		I labitat for I lorgerate
7001	Alternatives, Inc.	6128	Habitat for Humanity
7005	American Red Cross of Coastal Virginia	6237	H.E.L.P., Inc.
7008	Bacon Street Youth and Family Services	6253	Lackey Free Clinic
7009	Big Brothers Big Sisters	7050	LINK of Hampton Roads
7012	Boy Scouts of America, Colonial VA Council	6834	NATASHA House
7011	Boys & Girls Clubs of the Virginia Peninsula	7041	Peninsula Agency on Aging
6744	C. Waldo Scott Center for H.O.P.E.	7029	Peninsula READS
7013	Catholic Charities of Eastern Virginia	7035	Salvation Army, Peninsula Command
7028	Center for Child & Family Services	7053	The Samaritan Group
7014	Child Development Resources	7036	Transitions Family Violence Services
7017	Downtown Hampton Child Development Center	5052	Urban League of Hampton Roads
7044	Edmarc Hospice for Children	7026	VersAbility Resources
7016	Girl Scout Council of Colonial Coast	7018	Virginia Peninsula Foodbank
7045	Gloucester Housing Partnership	7030	YMCA, Peninsula Metropolitan
6211	Gloucester-Mathews Care Clinic		

COMMUNITY HEALTH CHARITIES OF VIRGINIA

6000	Community Health Charities	6018	Pancreatic Cancer Action Network	6048	Mental Health America of Virginia
6001	ALS Association		Cystic Fibrosis Foundation	6049	National Multiple Sclerosis Society
6002	Alzheimer's Association		Susan G. Komen, Greater Roanoke	6060	St. Jude Children's Research Hospital, Virginia
6004	American Cancer Society	6025	Epilepsy Foundation of Virginia	6062	Tourette Syndrome Association
6005	American Diabetes Association	6026	Huntington's Disease Society of America	6063	Cerebral Palsy of Virginia
6007	American Heart Association	6029	JDRF International, Hampton Roads	6065	Eastern Virginia Medical School Foundation
6010	American Lung Association	6030	Leukemia & Lymphoma Society	6066	Easter Seals UCP North Carolina & Virginia
6011	Make A Wish Foundation of Greater Virginia	6033	Lupus Foundation of America	6092	NAMI (National Alliance on Mental Illness)
6017	Susan G. Komen, Greater Richmond	6034	March of Dimes Foundation	6094	Children's Hospital of The King's Daughters
6012	Virginia Association of Free and Charitable Clinics	6036	Muscular Dystrophy Association	6247	Brain Injury Association of VA
6014	Susan G. Komen, Tidewater	6041	Crohn's & Colitis Foundation	6009	Fight Colorectal Cancer
6015	Arthritis Foundation, Mid-Atlantic Region	6043	Virginia Hemophilia Foundation	6040	Hemophilia Association of the Capital Area
6016	16 The Arc of Virginia		National Kidney Foundation	1730	National Psoriasis Foundation
				6665	Ronald McDonald House Charities of Norfolk

NOTE TO DONORS: Funds may not be given to agencies without verifiable Internal Revenue Code Section 501(c)(3) non-profit status, to religious institutions, those that exist solely for political purposes, or those that practice unlawful discrimination. Specific gifts not meeting these criteria and gifts of less than \$50 will be automatically redirected to United Way Community Care. United Way fundraising and administrative fees are 21%. IRS regulations strictly dictate that donated funds may not be used to pay a pre-existing legally binding pledge, or for anything providing a direct benefit to the donor. This form alone is not sufficient IRS documentation without proof of payment. For payroll deduction donors, a year-end pay stub or employer-issued W-2 is also required.