

# UNITED WAY

## HERE FOR THE LONG HAUL

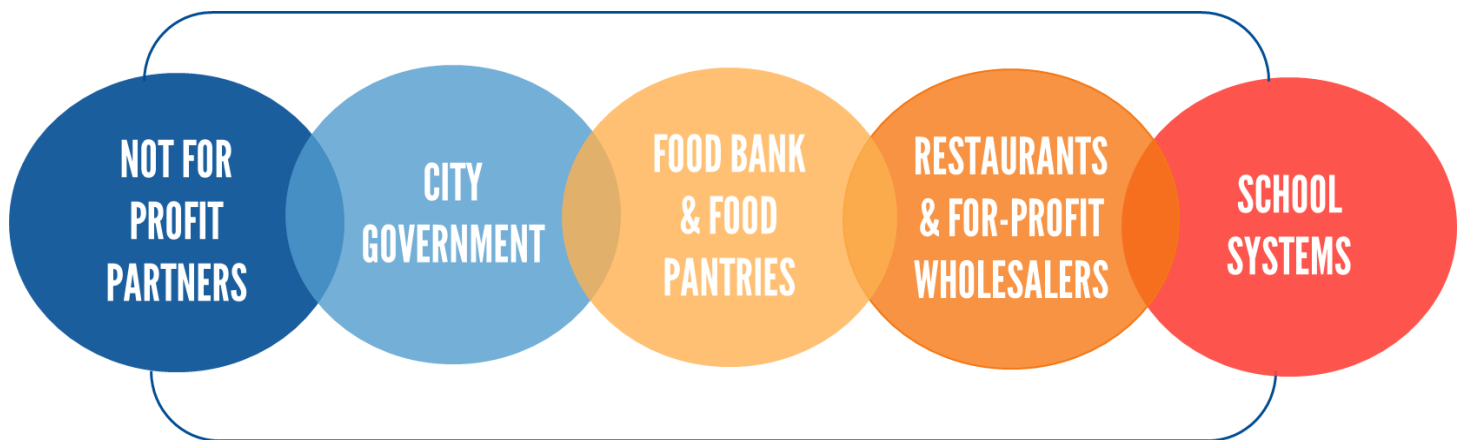
AS THE PANDEMIC SURGED, UNITED WAY BECAME THE CENTRAL ACCESS POINT FOR INDIVIDUALS WHO WANTED TO HELP THEIR FRIENDS AND NEIGHBORS THROUGH A CRISIS **AND** FOR THE NON-PROFITS WHO WERE UNDER RESOURCED AND OVERWHELMED BY THE DRASTIC INCREASE IN NEED. AND TODAY...

## WE ARE STILL HERE. WE ARE STILL PROVIDING ACCESS.

THE NEED CONTINUES TO GROW, AND TOGETHER—WITH UNITED RESOURCES AND INCREDIBLE COLLABORATION, THE LANDSCAPE OF NOT FOR PROFIT IMPACT HAS FOREVER CHANGED!

## FOOD INSECURITY AS AN INDICATOR: THE EMERGENCY FOOD INITIATIVE

THIS CROSS-SECTOR COLLABORATION, BORN OUT OF NECESSITY, HAS CHANGED THE WAY WE WORK.



# 5.9 MILLION MEALS SERVED

## BUT THAT IS JUST ONE NEED AMONG MANY IN OUR COMMUNITY

OUR NON PROFIT PARTNERS ARE COUNTING ON US TO CONTINUE THEIR SUPPORT!  
WILL YOU HELP US PROVIDE ACCESS TO RESOURCES FOR ALL?



United Way of  
St. Joseph County

**JOIN US!**  
**LIVE UNITED**

## #1 MY INFORMATION

Mr./Mrs./Ms./Dr.	First Name	M.I.	Last Name	Jr./Sr.	
Personal Email *Required for Credit Card Transactions					Work Email
Home Address				City	
State	Zip	Home Phone	Cell Phone	Birthdate MM/DD/YY	
Employer					

## #2 MY GIFT

☐ would like my gift to remain anonymous ☐ I would like my gift to automatically renew each year as a continuous donor. *\*You will be contacted each year to confirm or make changes to your pledge, though changes can be made at any time.*

<input type="checkbox"/> PAYROLL DEDUCTION	PER PAY PERIOD \$: _____	# OF PAY PERIODS: _____	\$ Total Annual Gift
<input type="checkbox"/> GIFT IS ATTACHED	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK CHECK NUMBER: _____	<input type="checkbox"/> CREDIT CARD ONE TIME \$: _____ MONTHLY \$: _____ BEGINNING: _____
CARD NUMBER: _____		<input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	
EXP DATE: _____	BILLING ZIP: _____	CVN: _____	SIGNATURE: _____

## #3 ADDITIONAL OPTIONS

PLEASE CONTACT ME ABOUT: ☐ VOLUNTEER OPPORTUNITIES ☐ WOMEN UNITED ☐ RETIRE UNITED ☐ PLANNED GIVING

<input type="checkbox"/> PLEASE BILL ME *Home Address Required   \$50 Minimum	\$ Total Annual Gift	<input type="checkbox"/> I am affiliated with a Labor Union: _____
<input type="checkbox"/> ONE TIME \$: _____ <input type="checkbox"/> QUARTERLY \$: _____ <input type="checkbox"/> MONTHLY \$: _____		
START DATE: _____		
<input type="checkbox"/> PLEASE COMBINE MY GIFT WITH MY SPOUSE/PARTNER'S CONTRIBUTION!		
THEIR NAME: _____		
THEIR EMPLOYER: _____		
PLEASE LIST ME/US AS: _____		
<input type="checkbox"/> PLEASE DIRECT MY GIFT TO:	<input type="checkbox"/> EARLY LEARNING <input type="checkbox"/> YOUTH SUCCESS <input type="checkbox"/> STABLE FAMILIES <input type="checkbox"/> CRITICAL NEEDS	
<input type="checkbox"/> ANOTHER UNITED WAY: _____	<input type="checkbox"/> UWSJC IMPACT PARTNER: _____	

\*\$50 Minimum for all designations

\*16.42% administration fee, compliant with United Way Worldwide standards, is charged to offset the cost of processing all designated dollars

\*A complete list of UWSJC Impact Partners is available at [uwsjc.org](http://uwsjc.org)

No goods or services were provided in exchange for this contribution. Please keep a copy of this form as well as your W2 and paystubs for your tax records.