

CHARITABLE GIVING FORM



United Way
for Southeastern Michigan

Please use this form if you'd like to designate your contribution.

(Please Print)

MR./MRS./MS. _____
 HOME ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 MOBILE PHONE _____
 PERSONAL EMAIL _____

EMPLOYER _____
 WORK PHONE _____
 WORK EMAIL _____

I'd like to sign up for the United Way monthly newsletter to learn how I am making an impact.

Completing this helps us acknowledge you and your support.

MY UNITED WAY INVESTMENT

EASY PAYROLL DEDUCTION	
I AUTHORIZE MY EMPLOYER TO DEDUCT FROM MY PAYCHECK THE FOLLOWING GIFT FOR EACH PAY PERIOD:	
A. NUMBER OF PAY PERIODS:	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/> _____
B. AMOUNT PER PAY PERIOD:	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$5 <input type="checkbox"/> _____
MY TOTAL ANNUAL GIFT (A x B):	_____

OR

OTHER GIVING OPTIONS	
<input type="checkbox"/> CREDIT CARD	UnitedWaySEM.org/Give
<input type="checkbox"/> CHECK MADE OUT TO UNITED WAY FOR SOUTHEASTERN MI	Mailing Address: United Way for Southeastern Michigan P.O. Box 77398 Detroit, MI 48277-0398
<input type="checkbox"/> GIFT OF STOCK	Please call 586-787-1098 for instructions.
<input type="checkbox"/> IRA QUALIFIED CHARITABLE DISTRIBUTION	Please call 586-787-1098 for instructions.
<input type="checkbox"/> DONOR-ADVISED FUND GIFT	Sponsoring organization: _____
<input type="checkbox"/> DIRECT BILL	Your home address is required. <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ONE-TIME BEGIN DATE (____ / ____ / ____)
MY TOTAL ANNUAL GIFT: _____	



PLANNED GIVING
<input type="checkbox"/> I am interested in including United Way in my will, trust, or estate plan.
For more information, visit UnitedWaySEM.PlanMyGift.org .

Have questions before making your gift?
 Contact Shelly Watts at Shelly.Watts@UnitedWaySEM.org.

PLEASE ALLOCATE MY CONTRIBUTION TO THE FOLLOWING AREA(S) OF INTEREST:*

ANNUAL AMOUNT DESIGNATED

*Minimum contribution of \$50 is needed to qualify as a designated gift to a specific agency partner. Contributions less than that amount go directly to the United Way Community Fund. All designations are separate from an agency's United Way grant and are assessed a fee based on United Way Worldwide Membership Standards as outlined in the publication titled "United Way Worldwide Cost Deduction Requirements for Membership, Requirement M."

THE COMMUNITY FUND: Maximize my contribution to focus on the greatest community need.

General Fund.....\$ _____

PLEASE DISTRIBUTE MY GIFT TO MY SELECTED AREA(S) OF INTEREST:

Basic Needs\$ _____
 2-1-1\$ _____
 Early Childhood.....\$ _____
 Education (Community Schools).....\$ _____
 COVID-19 Community Response Fund\$ _____
 Community Resiliency Fund\$ _____

FUNDED PARTNERS: You can designate your gift to a United Way eligible partner from the list provided or at UnitedWaySEM.org/Partners.

I would like to designate my gift to another United Way or a specific funded partner: _____ \$ _____
Funded Partner Name/Code

THANK YOU FOR LIVING UNITED!

United Way for Southeastern Michigan · 3011 W. Grand Blvd., Ste. 500, Detroit, MI 48202 · UnitedWaySEM.org

We respect your privacy. Visit UnitedWaySEM.org/donor-bill-rights for more details. Please Note: A portion of your donation goes toward United Way's operational and fundraising costs.