

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. _____ EMPLOYER _____

HOME ADDRESS _____ WORK PHONE _____

CITY _____ STATE _____ ZIP _____ WORK EMAIL _____

MOBILE PHONE _____

PERSONAL 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



CREDIT CARD
UnitedWaySEM.org/Give

CHECK MADE OUT TO UNITED WAY FOR SOUTHEASTERN MI
Mailing Address: United Way for Southeastern Michigan
P.O. Box 77398
Detroit, MI 48277-0398

GIFT OF STOCK
Please call 586-787-1098 for instructions.

IRA QUALIFIED CHARITABLE DISTRIBUTION
Please call 586-787-1098 for instructions.

DONOR-ADVISED FUND GIFT
Sponsoring organization: _____

DIRECT BILL MONTHLY QUARTERLY ONE-TIME
Your home address is required. BEGIN DATE (____ / ____ / ____)

MY TOTAL ANNUAL GIFT: _____

PLANNED GIVING

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 FOOD, HOUSING, HEALTH CARE, CHILD CARE, AND FINANCIAL EMPOWERMENT\$ _____

2-1-1 Helpline\$ _____

Early Childhood\$ _____

K-12 Education.....\$ _____

Community Resiliency Fund DIGITAL INCLUSION, COMMUNITY SCHOOLS, AND COMMUNITY INFORMATION EXCHANGE\$ _____

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.