## LIVE UNITED



## It's as easy as 1-2-3!

## Contact Info

_	□Mr. □Mrs. □Ms. □Other
	First Name Initial
	Last Name
	Home Address
	City State Zip
	Personal Email
	Phone Home Phone Work
	Employee ID #
	Employer
	City I work in
Re	<b>cognition</b> Donors will be listed as noted above unless otherwise specified below
	$\square$ Please publish my name as:
OR	$\hfill\Box$ I wish to remain anonymous. By checking here, my name will not be published.
	mbined Giving  ☐ Yes, I want to combine my gift with my spouse/partner for recognition at combined gift level.  His/Her Name
	His/Her Employer
	Choose a method of payment  yroll Deduction  \$
	□ 24 (twice a month) □ 26 (every two weeks)
	□ 52 (every week) □ Other:
	edit Card  Visa MC One Time Quarterly Monthly Start Date  Card #
	Billing Address
	Exp. Date
	sh/Check □ Cash □ Check (payable to United Way)
	Me (minimum \$50)
	□One Time □ Quarterly □ Monthly Start Date
Oth	<b>10°</b> For stock/securities transfers, contact United Way of the Tanana Valley at 452-7211.

## 2 Choose how you want your donation used

□ <b>Community Care Fund</b> Your gift is used to benefit all of Uni 20 Member Agencies.	ted Way's								
☐ Specific United Way Member	Agency								
	<u>%</u> or <u>\$</u>								
	<u>%</u> or <u>\$</u>								
	<u>%</u> or <u>\$</u>								
Minimum donation of \$25 required to designate a sp	pecific Member Agency								
<ul> <li>□ 501(c)(3) in Alaska</li></ul>									
My Total Gift Is \$Sign to Authorize Pledge									
Date									

#### Other Please check all that apply

	□ Volunteer/Advocate: Yes, I'm interested in volunteer opportunities in the community.
	$\hfill\Box$ Retiree: Yes, I will retire in the next few years. Please contact me about continuing my commitment.
	$\hfill\Box$ Legacy: I'm interested in making OR have already made a planned gift to United Way of the Tanana Valley.
	$\Box$ Yes, I would like to participate in the United Way agency biannual review process. (Panelists must have given 50% or more of their donation to the Community Care Fund
١	ntional

#### **Optional**

Ш	I do not want my name released to the organization(s). I	understand	I will not recei	ive
	gift acknowledgement from organization(s).			

Ш	l wish	to	exclu	de	tl	he i	0	lowing	organ	izat	ion(	S
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## Thank You!



www.unitedwaytv.com • uwvac@alaska.com

No goods or services of substantial value were given from United Way in return for this donation. To claim a tax donation for payroll deduction gifts of \$250 or more, you must keep on file a copy of your pledge form and a copy of your year-end pay stub or a copy of your W-2 form.

Copies: White: United Way, Yellow: Payroll Office, Pink: Donor

# United Way of the Tanana Valley Member Agencies

The following agencies are members of the United Way of the Tanana Valley. They are evaluated each year based on how well each is meeting specific community needs, on program quality and on fiscal integrity.

Access Alaska
ACCA, Inc.
Alaska Health Fair, Inc.
American Red Cross of Alaska —
Tanana Valley
Big Brothers Big Sisters of Alaska
Boys & Girls Clubs of Southcentral
Alaska — Tanana Valley
Breast Cancer Detection Center of Alaska
Eielson AFB Child Development Center
Eielson AFB Youth Programs

Fairbanks Community Food Bank
Fairbanks Counseling and Adoption
Fairbanks Resource Agency
Farthest North Girl Scout Council
Interior Alaska Center for Non-Violent Living
Literacy Council of Alaska
Midnight Sun Council, Boy Scouts of America
North Star Youth Court
Presbyterian Hospitality House
Resource Center for Parents & Children, Inc.
The Salvation Army

#### **Giving Levels**

Alexis de Tocqueville \$10,000+

Prospector Club
Diamond \$5,000-\$9,999
Gold \$2,500-\$4,999
Silver \$1,750-\$2,499
Bronze \$1,000-\$1,749

#### **Designations**

A minimum donation of \$25 is required to designate to a specific non-profit. You may write in the name of any other nonprofit organization as long as it offers services in Alaska, has 501(c)(3) tax deductible status and is not exclusively religious in nature.

