

Konza United Way—2021 Campaign

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785-776-3779 telephone • director@konzaunitedway.org

• www.konzaunitedway.org

GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED™



Personal Information (please print)

Mr./Mrs./Ms.	First Name	MI	Last Name
Home Address			Apt. Number
City		Home Address	Zip Code
Employer	E-mail Address		Daytime Telephone

Make your gift

Easy Payroll deduction:

I authorize my employer to deduct my total gift from my paycheck.

Per Pay Period	My # of pay period	My total gift to Konza United Way is:
<input type="checkbox"/> \$50	<input type="checkbox"/> 12	\$ _____
<input type="checkbox"/> \$25	<input type="checkbox"/> 24	
<input type="checkbox"/> \$15	<input type="checkbox"/> 26	
<input type="checkbox"/> \$10	<input type="checkbox"/> 52	
<input type="checkbox"/> \$5	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other \$ _____		

Personal Check: (enclosed)

Payable to Konza United Way \$ _____ Check # _____

☐ **Credit Card:** Please visit www.konzaunitedway.org

☐ **Bill Me later:** A home address and minimum gift of \$50.00 is required.

Employer Match

☐ My employer matches my donation. The corporate match is _____.
Employer Name _____.

My total annual gift

An annual gift of \$1,000 or more qualifies you as a Pillars Club door. You can combine your gift with your spouses gift to achieve this leadership level.

Spouse's Name _____
Spouse's Employer _____

Designations

Your gift to Konza United Way's Community Impact Fund makes you a partner in addressing community's most crucial needs for children, families and seniors.

Konza United Way
Community Impact Fund \$ _____

OR direct your investment or more specific area(s) of the Konza United Way Community Impact Fund. (Minimum \$50 investment required.)

- | | |
|---|----------|
| <input type="checkbox"/> Education | \$ _____ |
| Building a stronger community by helping individuals achieve their potential | |
| <input type="checkbox"/> Income | \$ _____ |
| Develop knowledge and opportunities to grow income, build saving and gain assets. | |
| <input type="checkbox"/> Health | \$ _____ |
| Improve mental and physical health and provide basic needs in times of disaster. | |
| <input type="checkbox"/> Endowment Fund | \$ _____ |
| This endowment will help provide for the future needs of our community. | |

OR direct your investment to a specific UW other than KUW _____

Donor preferences

- ☐ I wish to remain anonymous in Konza United Way materials.
☐ Please list my/our names in Konza United Way materials as _____

Sign and date

Signature _____ Date _____
Signature required for all pledges

Please retain a copy of this form for your tax records.

No goods or services are provided in exchange for this contribution. All gifts are tax deductible to the extent provided by IRS regulations. Please consult your tax advisor for more information.

Thank you for LIVING UNITED!

Original to Konza United Way Copy to employer Copy to donor

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