



LEADERSHIP GIVING

Thank you for being a Leadership Donor

United Way of Trumbull County operates with the highest level of standards. We do not sell, trade or disclose personal information without donor permission. United Way of Trumbull County provides public reporting. United Way's annual reports and financial documents can be found online at www.unitedwaytrumbull.org.



GIVING IS TAX DEDUCTIBLE to the extent permitted by law. For tax purposes, please make a copy of this pledge card and a copy of your paystub(s), W-2 or other employer documents showing the amount withheld and paid to United Way or any other charitable 501 (c) (3) entity. Please consult a tax advisor for more information.

United Way of Trumbull County | 3601 Youngstown Road, S.E. | Warren, OH 44484-2832 | Ph: 330-369-1000 | Fax: 330-369-5555

UNITED WE WIN *Because change doesn't happen alone, it happens when people unite to mobilize their community to create positive, lasting change for those in need. Please join us by becoming a LEADERSHIP DONOR TODAY!*

ANNUAL LEADERSHIP GIVING LEVELS:

Silver: \$1,000+ Gold: \$2,000+ Platinum: \$4,000+ Other: \$ _____

Mr. Mrs. Ms. Other: _____

_____/_____/_____
First and Last Name D.O.B. (Optional)

Employer or indicate RETIREE

Home Address

City/State/Zip

Preferred Email

Preferred Home or Cell Phone Number

Work Phone (if applicable)

Spouse Information: *(If applicable.)*

_____/_____/_____
First and Last Name D.O.B. (Optional)

Employer or indicate RETIREE

OPTIONAL DESIGNATIONS:

\$ _____ **Community Impact Fund:** *Your contribution will be used to support ALL of the programs funded by United Way of Trumbull County.*

\$ _____ **Education:** *Helping children and youth achieve their full potential.*

\$ _____ **Health:** *Improving people's health by increasing access to critical healthcare services.*

\$ _____ **Income:** *Helping individuals and families become financial stable and independent.*

\$ _____ **Basic Needs:** *Providing shelter, food and emergency services.*

United Way honors designations to United Way agency partners, any United Way and/or any 501 (c) (3) entities.

Please provide \$ _____ to the following 501 (c) (3):

MY TOTAL ANNUAL GIFT: \$ _____

- Check Enclosed Please Invoice Credit Card*
 Stock Transfer* Payroll Deduction**
 Send me information about providing for United Way in my will/estate plan.

*To process your gift with a credit card, please go online at www.unitedwaytrumbull.org/give or with a mobile phone, text the word TRUMBULL to 41444 and enter the information requested. To make a stock transfer or to process your payment by phone, please call 330-369-1000.

**To process your annual gift using PAYROLL DEDUCTION, please provide a copy of this completed card to your employer.
 Weekly (52) Bi-weekly (26) Semi-monthly (24) Monthly (12)
 \$ _____ (X) _____ no. of pay periods = \$ _____ (total annual gift)

- I wish to have my gift(s) acknowledged.
 Please DO NOT publish my name. I wish to remain anonymous.

IN ACCORDANCE WITH IRS REQUIREMENTS, I ACKNOWLEDGE THAT UNITED WAY OF TRUMBULL COUNTY HAS NOT PROVIDED ANY GOODS OR SERVICES IN EXCHANGE FOR THIS CONTRIBUTION.

_____/_____/_____
Signature Date (month-day-year)



Please make checks payable to and mail to:
UNITED WAY OF TRUMBULL COUNTY
 3601 Youngstown Road, S.E.
 Warren, Ohio 44484-2832