



1. ANNUAL DONATION

Total Annual Donation: \$ _____

I would like to invest in Capital Area United Way together with 10,000+ donors from the tri-county. I understand trained community donors and volunteers, just like me, will determine how to invest these dollars in local programs that make an impact on one of our goals (listed to the right). These volunteer teams annually evaluate and verify the funded programs are meeting targeted outcomes to ensure my investment is being used effectively.

Check a circle below to direct gift to a specific goal

Funding Goals



Basic Needs: Ensure people have access to food, affordable housing and shelter, healthcare and other vital resources.



Secure Families: Provide education and resources to move struggling households toward self-sufficiency.



Student Achievement: Prepare local children for kindergarten and give all students resources to complete high school and become career/college ready.

I prefer to remain anonymous.
 I want to see how my donation is invested. Please send occasional information on how my gift is invested, the quarterly e-newsletter and volunteer opportunities via email or text.

2. GIVING METHOD

PAYROLL DEDUCTION
Check one:
 Divide my gift equally among all pay periods
 Deduct my total annual gift from the first paycheck of the year

CASH OR CHECK
 Cash (clip to form)
 Personal check# _____

CREDIT CARD
To keep your information secure, please do not write your credit card number on this form. Use any of the following options:
• Text: camp to 40403
• Online: www.micauw.org
• Call: (517) 203-5000

BILL DIRECT
Please call 517-203-5000 to complete your gift.

3. MY INFORMATION

MR./MRS./MS./DR FIRST NAME MI LAST NAME SPOUSE'S NAME
HOME ADDRESS CITY, STATE, ZIP
PREFERRED PHONE MOBILE PHONE I'm a member of: _____ union and local number
E-MAIL ADDRESS SIGNATURE _____ (required)

OPTIONAL: I would like \$ _____ of my annual donation (noted above) delivered to the following 501(c)3 of my choosing. I understand I must make a minimum gift of \$50 to an outside charity to use this option due to the processing time and costs of this courtesy service.

CHARITY NAME _____ CHARITY ADDRESS _____