



Capital Area United Way
Clinton | Eaton | Ingham

FIGHTING FOR THE HEALTH, EDUCATION & FINANCIAL STABILITY OF EVERY PERSON.

517-203-5000
www.micauw.org

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.

- I prefer to remain anonymous.
- I want to see how my donation is invested.



Provides free in-person and electronic tax preparation services to low- and middle-income residents. Also provides Information & Referral services to clients.



Provides intensive case management, referral, and emergency needs resources to families with school-aged children who are homeless but not yet in a shelter. The goal is to stabilize the family in their temporary housing so that they can avoid the shelter system altogether.



Phone helpline providing Information & Referral services to callers seeking health and human resources

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# _____
(Please make check out to Capital Area United Way)

BILL DIRECT

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

CREDIT CARD

To keep your information secure, please do not write your credit card number on this form. Use any of the following options:

- Online: www.micauw.org
- Call: (517) 203-5000

USE YOUR MOBILE DEVICE TO SCAN THE CODE BELOW TO MAKE YOUR GIFT



3. MY INFORMATION (we do not sell personal information for any reason)

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 a union: _____ 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 total annual gift of \$50 to designate to an outside charity.

CHARITY NAME CHARITY ADDRESS

Thank you for your contribution to the CAUW campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You may also need a copy of your paystub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

