

LEADERS' CIRCLE



United Way
of York County



My Contact Information: Please print. Your personal information is kept **CONFIDENTIAL** and will not be sold or shared at any time.

MR/MRS/MS/DR _____ FIRST NAME _____ M.I. _____ LAST NAME _____

HOME ADDRESS _____ APT. # _____ CITY _____ STATE _____ ZIP _____

EMAIL Work Home _____ PHONE Home Cell Work _____

EMPLOYER NAME _____ BIRTHDAY (month/day/year) _____

My Pledge/Gift:

I / We Pledge a total of \$ _____

Payment Method:

Payroll deduction
_____ # of Pay Periods = _____ Total Annual Gift

Cash enclosed

Check enclosed: Ck # _____ (Payable to: United Way of York County)

Credit card
\$ _____ per Month Quarter One time
Card # _____
Expiration date: _____ CVV _____

Stock/securities (we will contact you)
Special instructions: _____

Please permit us to recognize your generosity. I/We prefer to be recognized as: _____

I/We prefer to remain anonymous.

I have included United Way in my will/estate plans.

I would like to learn more about planned giving options.

I would like to learn more about volunteer opportunities.

Thank you for your loyal support! I/We have been giving to United Way since: _____

Recognition Program:

Leaders' Circle Programs *(Please select one option below)*

Tocqueville Society \$10,000 or more

I/We would like to participate in a three-year step-up program with a minimum investment of \$5,000 the first year and reaching full membership of \$10,000 by the third year.



Leaders' Circle

- Platinum Level..... \$5,000 - \$9,000
- Gold Level..... \$3,000 - \$4,999
- Silver Level \$2,000 - \$2,999
- Bronze Level..... \$1,500 - \$1,999
- Pewter Level..... \$1,000 - \$1,499

Emerging Leader..... \$500 - \$1,000

I/We would like to participate in a three-year step-up program with a minimum investment of \$500 the first year and reaching full membership of \$1,000 by the third year.

Gift Instructions:

United Way of York County Community Fund

Priority Area – Circle which one(s): Bright Beginnings, Connected Youth, Supportive Services

Direct my gift to another United Way or the 501(c)(3) nonprofit health and human services organization in Maine or New Hampshire listed here. Total contribution must be \$25 or more:

YOUR SIGNATURE *(required for all payment methods):* _____ **Date:** _____

DIRECT QUESTIONS TO: Brian Petrovek, President & CEO, United Way of York County, Tel: (207) 604-5631, bpetrovek@buildcommunity.org

THANK YOU!

United Way of York County acknowledges no goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.