

1 Personal Information (Please print)

MR/MRS/MS FIRST NAME MI LAST NAME SPOUSE'S NAME

HOME ADDRESS CITY STATE ZIP

COMPANY DAYTIME TELEPHONE E-MAIL

2 Annual Pledge

<p><input type="checkbox"/> Easy Payroll Deduction (Check one)</p> <p>Shareholder Level: <input type="checkbox"/> 2% of Salary <input type="checkbox"/> 1.5% of Salary <input type="checkbox"/> 1% of Salary</p> <p>My Total Gift \$ _____</p> <p>Per Pay Period: <input type="checkbox"/> \$20 <input type="checkbox"/> \$15 <input type="checkbox"/> \$10 Other _____</p> <p>Number of Pay Periods per Year: _____</p> <p>My Total Gift \$ _____</p>	<p><input type="checkbox"/> Charge My Pledge</p> <p><input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly</p> <p>Amount per Payment: \$ _____</p> <p>Start: (mo) _____ (yr) _____</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p>Card # _____</p> <p>Exp. _____ Total \$ _____</p>	<p><input type="checkbox"/> Enclosed Gift</p> <p><input type="checkbox"/> Check (Payable to United Way)</p> <p><input type="checkbox"/> Cash</p> <p>Amount \$ _____</p>
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3 How I Want to Invest in My Community

Yes, I want to give to the United Way Fund.
 Check this box to make the greatest impact in Lincoln and Lancaster County.
 Your unrestricted donation will be directed to the areas of greatest need.

Amount \$ _____

I would like to direct my gift. (optional)

If you choose to designate your gift, please consider directing a portion of your donation to the United Way Fund to ensure funding for critical programs. United Way agencies are listed on the back of this form.

_____	_____	\$ _____
Name of Agency	Code	Amount
_____	_____	\$ _____
Name of Agency	Code	Amount

Please release my name and address to the agencies listed above for acknowledgment of my gift.

4 Leadership Giving Recognition My/Our gift qualifies me/us for membership in (Check all that apply):

<input type="checkbox"/> Alexis de Tocqueville Society – Annual gift of \$10,000 or more	<input type="checkbox"/> Women <i>Leaders</i> in Philanthropy – A woman's gift of \$1,000 or more
<input type="checkbox"/> Leadership Circle	<input type="checkbox"/> Women in Philanthropy – A woman's gift of \$500–\$999 (or \$1,000 when combined with spouse gift)
<input type="checkbox"/> Community Trustees – \$7,500–\$9,999	<input type="checkbox"/> Community Developers – \$2,000–\$2,499
<input type="checkbox"/> Community Builders – \$5,000–\$7,499	<input type="checkbox"/> Community Investors – \$1,500–\$1,999
<input type="checkbox"/> Community Visionaries – \$3,000–\$4,999	<input type="checkbox"/> Community Supporters – \$1,000–\$1,499
<input type="checkbox"/> Community Leaders – \$2,500–\$2,999	<input type="checkbox"/> Please list my/our name(s) as follows: _____
	<input type="checkbox"/> I/we wish to remain anonymous.

5 Community Health Charities of Nebraska (You must complete this section for CHC-NE health charities to receive funding from your gift.)

Please invest all or a part of my gift in Community Health Charities of Nebraska.

<p><input type="checkbox"/> A. Community Health Charities of Nebraska</p> <p>Make a difference in the health of our community by giving an unrestricted gift.</p> <p>Amount \$ _____</p>	<p><input type="checkbox"/> B. Designated Gifts to CHC-NE Member Health Agencies</p> <p>Use any combination of Box A and B to contribute to CHC-NE and its member health agencies (see complete list of agencies and designation codes on the back of this form).</p> <table border="0"> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Name of Agency</td> <td>Code</td> <td>Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Name of Agency</td> <td>Code</td> <td>Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Name of Agency</td> <td>Code</td> <td>Amount</td> </tr> </table>	_____	_____	\$ _____	Name of Agency	Code	Amount	_____	_____	\$ _____	Name of Agency	Code	Amount	_____	_____	\$ _____	Name of Agency	Code	Amount	<p>Gifts to CHC-NE are included in United Way Leadership Giving; you may give to both the United Way Fund and CHC-NE health agencies on this form.</p> <p><input type="checkbox"/> Agencies will only be notified of your gift if you check this box.</p>
_____	_____	\$ _____																		
Name of Agency	Code	Amount																		
_____	_____	\$ _____																		
Name of Agency	Code	Amount																		
_____	_____	\$ _____																		
Name of Agency	Code	Amount																		

6 Signature _____ Date _____

(Signature and date required for all contributions)

I have given to United Way in this community or in other communities for 25 years or more, making me a member of the Diamond Donor Club.

I have included (or intend to include) United Way in my will or estate.

Please send information on how I can improve lives in our community by creating a legacy gift.

July 2007–June 2008 Funding

United Way Agencies



4000	United Way of Lincoln and Lancaster County Fund (unrestricted gift)	4015	Dimensions Educational Research Foundation	4060	Madonna Rehabilitation Hospital
4010	American Red Cross, Lancaster County Chapter	4080	Family Service Association of Lincoln	4110	Matt Talbot Kitchen and Outreach, Inc.
4020	Arc of Lincoln/Lancaster County	4250	Food Bank of Lincoln, Inc.	4065	Mourning Hope
4030	Asian Community and Cultural Center	4255	Fresh Start, Inc.	4100	People's City Mission
4150	CASA for Lancaster County	4220	Friendship Home of Lincoln, Inc.	4314	St. Monica's Home
4070	Catholic Social Services	4200	Heartland Big Brothers Big Sisters	4280	Tabitha Health Care Services
4307	CEDARS Youth Services, Inc.	4140	Indian Center, Inc.	4120	The Salvation Army Lincoln, Nebraska Corps
4175	Center for People in Need, Inc.	4230	League of Human Dignity, Inc.	4303	Voices of Hope (formerly Rape/Spouse Abuse Crisis Center)
4240	CenterPointe, Inc.	4130	Legal Aid of Nebraska	4305	Volunteer Partners
4090	Child Guidance Center	4306	Lighthouse	4190	Willard Community Center
4270	Clyde Malone Community Center	4301	Lincoln Action Program, Inc.	4210	YWCA of Lincoln
4025	Community Justice Center	4050	Lincoln Council on Alcoholism and Drugs		
4170	Cornhusker Council #324 Boy Scouts of America Trust	4304	Lincoln Literacy Council		
		4260	Lincoln Medical Education Partnership		
		4330	Lutheran Family Services of Nebraska, Inc.		

Community Health Charities of Nebraska



7000	Community Health Charities of Nebraska (unrestricted gift)	7110	Arthritis Foundation, Nebraska Chapter	7070	National Multiple Sclerosis Society, Nebraska Chapter
7210	Equal distribution to each of the following 17 agencies	7140	Cystic Fibrosis Foundation, Nebraska Chapter	7010	Nebraska AIDS Project
7030	The ALS Association Keith Worthington Chapter	7220	Juvenile Diabetes Research Foundation	7020	Nebraska Hospice and Palliative Care Partnership
7190	Alzheimer's Association Great Plains Chapter	7160	The Leukemia & Lymphoma Society	7080	Prevent Blindness Nebraska
7150	American Diabetes Association of Nebraska	7230	March of Dimes, Nebraska Chapter	7050	Susan G. Komen for the Cure Nebraska
7040	American Lung Association® of the Central States	7130	Muscular Dystrophy Association of Greater Nebraska	7200	United Cerebral Palsy of Nebraska
		7180	National Kidney Foundation of Nebraska		

Thank You for Investing in Our Community

This contribution is tax deductible to the extent permitted by law. The United Way campaign does not provide goods or services as whole or partial consideration for any contribution. Designations to nonaffiliated organizations that do not meet eligibility requirements will be treated as undesignated funds directed toward the United Way Fund. Nonaffiliated agencies are not reviewed by United Way volunteers. All fundraising and processing fees are in compliance with United Way of America membership standards.

United Way of Lincoln and Lancaster County

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