

LIVE UNITED

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uwvac@alaska.com



PLEASE PRINT CLEARLY

Employee ID #: _____ Employer: _____ City I work in: _____

Mr. Mrs. Ms. Other _____ First Name: _____ Initial: _____ Last Name: _____

Recognition: Donors will be listed as noted above unless otherwise specified below:

Please publish my name as: _____

OR I wish to remain ANONYMOUS. By checking here, my name will not be published.

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Personal Email: _____ Work Phone: _____

Please take just a few moments...

- Volunteer/Advocate: Yes, I'm interested in volunteer opportunities in the community.
- Retiree: Yes, I will retire in the next few years. Please contact me about continuing my commitment.
- Legacy: I'm interested in making OR have already made a planned gift to United Way of the Tanana Valley.
- Yes, I would like to participate in the United Way agency biannual review process.

COMMUNITY CARE FUND
Where your gift is used to benefit all of United Way's 23 Member Agencies.

SPECIFIC UNITED WAY MEMBER AGENCY

_____ : _____ % or \$ _____

_____ : _____ % or \$ _____

_____ : _____ % or \$ _____

_____ : _____ % or \$ _____

UNITED WAY INITIATIVE FUND
The Tanana Valley has many critical needs, but alcohol and drug abuse require our urgent attention. Please designate _____% or \$ _____ of my gift to the Initiative Fund.

Other 501(c)(3) in Alaska _____

My total gift is:

\$ _____

Please indicate method of payment below.

X Sign to Authorize Pledge: _____

Date: ____ / ____ / ____

PAYROLL DEDUCTION

\$ _____ per pay period X

24 (twice a month)

26 (every two weeks)

52 (every week)

Other: _____

No goods or services of substantial value were given from United Way in return for this donation. To claim a tax deduction for payroll deduction gifts of \$250 or more, you must keep on file a copy of your pledge form and a copy of your year-end pay stub or a copy of your W-2 form.

CREDIT CARD

One Time Quarterly Monthly Start Date: _____

Visa MC Discover American Express

Card Number: _____

Expiration Date: _____

Billing Address: _____

CASH/CHECK (enclosed)

Cash Check (payable to United Way)

PLEASE BILL ME (minimum \$50)

One Time Quarterly Monthly Start Date: _____

STOCK/SECURITIES TRANSFER

Contact United Way of the Tanana Valley at 452-7211, ext. 22.

For Recognition Purposes

Yes, I want to combine my gift with my spouse/partner:

Spouse's Name: _____ Spouse's Employer: _____

CONTACT INFO

SHARE

INVEST

PLEDGE & PAYMENT

SPOUSE

United Way of the Tanana Valley Member Agencies

The following agencies are members of United Way of the Tanana Valley. They are evaluated each year based on how well each is meeting specific community needs, on program quality and on fiscal integrity.

Access Alaska	Fairbanks Resource Agency
Alaska Center for Children and Adults	Ft. Wainwright Army Community Service
Alaska Community Services	Ft. Wainwright Child & Youth Services
Alaska Health Fair, Inc.	Girl Scouts, Farthest North Council
American Red Cross, Tanana Valley Chapter	Hospice of the Tanana Valley
Big Brothers/Big Sisters of Alaska	Interior Alaska Center for Non-Violent Living
Boy Scouts, Midnight Sun Council	Literacy Council of Alaska
Boys and Girls Clubs of the Tanana Valley	North Star Youth Court & Youth Mediation
Eielson AFB Child Development Center	Presbyterian Hospitality House
Eielson AFB Youth Center	Resource Center for Parents & Children
Fairbanks Community Food Bank	The Salvation Army
Fairbanks Counseling & Adoption	

Giving Levels

• Alexis de Tocqueville	\$10,000+
• Prospector Club	
Diamond	\$5,000 - \$9,999
Gold	\$2,500 - \$4,999
Silver	\$1,750 - \$2,499
Bronze	\$1,000 - \$1,749

Designations

A minimum donation of \$25 is required to designate to a specific non-profit. You may write in the name of any other nonprofit organization as long as it offers services in Alaska, has 501(c)(3) tax deductible status and is not exclusively religious in nature.

GIVE. ADVOCATE. VOLUNTEER.

LIVE UNITED™