



What matters

424 West Superior Street, Suite 402
Duluth, MN 55802
(218) 726-4770 fax (218) 726-4778
www.unitedwayduluth.org

1 – Information About Me

Name _____ Last year's gift _____
 Your employer _____ Labor affiliation (if any) _____
 Home address _____ City/State/Zip _____
 Home phone _____ E-mail address _____

2 – My Gift To My Community

With the help of local volunteers, United Way distributes your contribution to those most in need in our community through Community Care Allocations. This ensures that your gift has a positive impact on the overall health of our community and the people who live here. (See below to direct your gift.)

Easy Payroll Deduction

I authorize my employer to deduct the following amount each pay period:

(Please check one) \$50 \$40 \$30 \$20 \$10 \$5 Other _____

My total annual gift is: \$ _____ x # _____ = \$ _____
(gift per pay period) (pay periods per year) (total annual gift)

Signature _____ Date _____

Cash or Check \$ _____ Check # _____
(payable to United Way)

Credit Card Visa Mastercard \$ _____

Account Number _____ Exp. Date _____

Authorizing signature _____

Bill Me

My total donation is \$ _____. Enclosed is my first payment of \$ _____. Please bill me for the balance of \$ _____

One-time (month to bill) _____ Quarterly Annually

Authorizing signature _____

Stock/Securities \$ _____

(United Way will contact you) Phone # _____

3 – Sieur du Lhut Leadership Society

With your gift (as indicated above) or combined gift with spouse/partner of \$1,000 or more, you automatically become a member of the Sieur du Lhut Leadership Society. Please indicate below the leadership giving level at which you are contributing.

Friends Order
(\$1,000 – \$1,999)

Explorer Order
(\$2,000 – \$3,499)

Visionary Order
(\$3,500 – \$4,999)

Daniel Greysolon Order
(\$5,000 and over)

I'm combining my gift with my spouse/partner to determine our giving level.

Spouse/Partner Name _____ Spouse/Partner Gift \$ _____

Spouse/Partner's Workplace _____

Please print my/our name(s) as follows in leadership recognition materials _____

I/we wish to remain anonymous.

The best way to ensure that your caring gift will continue for future generations is a gift to the United Way endowment fund. Call 726-4770 for information.

Your gift is an investment in our community. Thank you for making a difference!

COMMUNITY CARE I would like knowledgeable community volunteers to invest my gift in local health and human service agencies helping those in greatest need in our community.

Donor Designation is Optional

Care with Exceptions I wish to support the entire family of United Way agencies with the exception of: _____

Direct Care Of my total gift, please direct \$ _____ to the following United Way target area, agency(s) or my local

United Way: _____

Please check here if you wish to receive acknowledgement for your gift from the agency.

Save a copy of this form as a receipt. No goods or services were given by United Way of Greater Duluth in consideration, in whole or part, for this contribution.