



Konza United Way—2026 Campaign

P.O. Box 922 • Manhattan, KS 66505-0922
 785-776-3779 • director@konzaunitedway.org
 • www.konzaunitedway.org

Personal Information (please print)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr./Mrs./Ms.	First Name	MI	Last Name
<input type="text"/>			<input type="text"/>
Home Address			Apt. Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer	E-mail Address	Daytime Telephone	

Make your gift

Easy Payroll deduction:
 I authorize my employer to deduct my total gift from my paycheck.

Per Pay Period	My # of pay period	My total gift to Konza United Way is:
<input type="checkbox"/> \$50	<input type="checkbox"/> 12	\$ _____
<input type="checkbox"/> \$25	<input type="checkbox"/> 24	
<input type="checkbox"/> \$15	<input type="checkbox"/> 26	
<input type="checkbox"/> \$10	<input type="checkbox"/> 52	
<input type="checkbox"/> \$5	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other \$ _____		

Personal Check or Cash: (enclosed) \$ _____ Check# _____
 Payable to Konza United Way Cash _____

Credit Card: Please visit www.konzaunitedway.org/donate

Bill Me later: A home address and minimum gift of \$50.00 is required.

Employer Match
 My employer matches my donation. The corporate match is _____.
 Employer Name _____

My pledge qualifies me as an Aspiring Pillar Society member
 As an Aspiring Pillar Society member, I pledge to increase my commitment by \$250 each year for four years, aiming to contribute \$1,000 or more annually as a Pillar Society donor.

My total annual gift
 An annual gift of \$1,000 or more qualifies you as a Pillar Society donor. You can combine your gift with your spouse's gift to achieve this leadership level.
 Spouse's Name _____
 Spouse's Employer _____

Donor preferences

I wish to remain anonymous in Konza United Way materials.
 Please list my/our names in Konza United Way materials as _____

Sign and date

Signature _____ Date _____
Signature required for all pledges

Designations

Your gift to Konza United Way's Community Impact Fund makes you a partner in addressing community's most crucial needs for children, families and seniors.

Konza United Way Community Impact Fund \$ _____

OR direct your investment or more specific area(s) of the Konza United Way Community Impact Fund. (Minimum \$50 investment required.)

- Healthy Community** \$ _____
 Mental & Physical Health
 Nutrition & Food Security
- Financial Security** \$ _____
 Financial Education & Training
 Job Training & Workforce Development
 Homelessness Prevention & Affordable Housing
- Youth Opportunity** \$ _____
 Literacy Development
 In-School, After-School & Summer Learning
 Childcare & Early Childhood Development
- Community Resiliency** \$ _____
 Crisis Hotline & Support
 Transportation
- Endowment Fund** \$ _____
 Providing for the future needs of the community.

OR direct your investment to a specific UW other than KUW

Please retain a copy of this form for your tax records.
 No goods or services are provided in exchange for this contribution. All gifts are tax deductible to the extent provided by IRS regulations. Please consult your tax advisor for more information.
United is the Way! Thank you for making a difference.