

Konza United Way—2025 Campaign

UNITED in PURPOSE
Everyone, Everywhere Has the Opportunity to Thrive

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• www.konzaunitedway.org



Personal Information (please print)

Mr./Mrs./Ms.	First Name	MI	Last Name
Home Address			Apt. Number
City		State	Zip Code
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 _____

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

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

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.

Thank you for LIVING UNITED!

Original to Konza United Way Copy to employer Copy to donor

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