

# Konza United Way—2024 Campaign

P.O Box 922 • Manhattan, KS 66505-0922

785-776-3779 telephone • director@konzaunitedway.org

• www.konzaunitedway.org

# UNITED in PURPOSE

Everyone, Everywhere Has the Opportunity to Thrive

## 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](http://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 total annual gift

An annual gift of \$1,000 or more qualifies you as a Pillars Club door. You can combine your gift with your spouses 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.)

**Education** \$ \_\_\_\_\_  
Providing opportunities to achieve success.

**Financial Stability** \$ \_\_\_\_\_  
Promoting and assisting individuals and families toward financial empowerment.

**Health** \$ \_\_\_\_\_  
Supporting physical and mental health for individuals and families.

**Endowment Fund** \$ \_\_\_\_\_  
This endowment will help provide for the future needs of our community.

**OR** direct your investment to a specific UW other than KUZ \_\_\_\_\_

## 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

072614