

Konza United Way

P.O. Box 922 • Manhattan, Kansas 66505-0922
785-776-3779 telephone • 785-776-3065 fax • www.konzaunitedway.org

GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED 

Personal information (please print)

Mr./Mrs./Ms. First name MI Last name

Home address Apt. #

City State ZIP code

Employer 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 periods	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 (enclosed)

Payable to Konza United Way \$ _____ Check # _____

Credit card: Please visit www.konzaunitedway.org

Bill me later: A home address and a minimum gift of \$50 is required.

Employer match

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

My total annual gift \$ _____

An annual gift of \$1,000 or more qualifies you as a Pillars Club donor. You can combine your gift with your spouse's gift to achieve the 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 our community's most crucial needs for children, families and seniors.

Konza United Way Community Impact Fund \$ _____

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

Education \$ _____
Building a stronger community by helping individuals achieve their potential.

Income \$ _____
Develop knowledge and opportunities to grow income, build savings and gain assets.

Health \$ _____
Improve mental and physical health and provide basic needs in times of disaster.

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

Donor preferences

I wish to remain anonymous in Konza United Way materials.

Please list my/our name(s) 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