

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL.

LIVE UNITED™



United Way
of Miami-Dade

United Way Gift Card

MR/MRS/MS _____ FIRST NAME _____ MI _____ LAST NAME _____ SUFFIX _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____ HOME PHONE _____ WORK PHONE _____

EMPLOYER NAME _____ BIRTH DATE (MM/DD/YY) _____ FAX _____

Register me for the **United Way Loyal Contributor Program**. I have been contributing to United Way for _____ years. (10 years or more qualifies you as a loyal contributor)

Want to see how your contribution is making a difference? Please provide your personal email address so we can show you how your contribution is making a difference, and to provide opportunities to stay informed and involved all year long.

PERSONAL EMAIL ADDRESS _____

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

— *option A* —

UNITED WAY COMMUNITY PLAN.

The most powerful way to invest your contribution to support United Way's work in the three areas of education, financial stability and health.

AMOUNT \$ _____

— *option B* —

EDUCATION **Helping children and youth achieve their potential**

- A quality early education that leads to school readiness
- Academic achievement
- Productive and engaged youth

AMOUNT \$ _____

FINANCIAL STABILITY **Paving a path to financial independence**

- Job readiness skills, training and employment opportunities
- Permanent and transitional housing
- Financial education

AMOUNT \$ _____

HEALTH **Improving people's health**

- Healthy children and families
- Productive older adults

AMOUNT \$ _____

If you wish to limit the impact of your donation by restricting it to a particular agency or if you wish to exclude an agency, please see your United Way representative for the appropriate form.

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

EASY PAYROLL DEDUCTION

My total annual gift

AMOUNT \$ _____

A. I want to give the following through payroll donation:

- 2% of my annual salary
- 1.5% of my annual salary
- 1% of my annual salary
- one hour's pay per month

- I would like to leave a legacy by making a cash contribution to The Endowment. Amount \$ _____
- I would like to leave a legacy by including United Way in my will and estate plans.
- I would like more information about including United Way in my will and estate plans.

PAY PERIOD DEDUCTION

My total annual gift

AMOUNT \$ _____

B. I want to give the following amount each pay period:

- \$50 \$25 \$10 \$5

Other \$ _____

My pay period is:

- weekly (52) every other week (26)
- twice a month (24) once a month (12)

DIRECT GIFT

My total annual gift

AMOUNT \$ _____

C. Direct gift to be paid by:

- Cash
- Personal check (enclosed)
- Stock
- Credit Card

Credit Card Number _____

Expiration date _____ MasterCard Visa American Express Discover

In signing this form, I agree to make this gift and authorize my employer to deduct from my paycheck or United Way to charge my credit card until I give written notification otherwise.

Signature _____

Date _____

Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution. Please return gift card to your campaign coordinator. For your tax records, you will need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.



America's independent evaluator of charities, awarded United Way of Miami-Dade its 4-star rating

Giving options

Invest directly in the community plan and improve lives.

When you invest directly in the community plan, your gift helps us achieve our goals in education, financial stability and health.

When you choose to target your gift to one or more of United Way's three areas of impact, your gift will be invested exclusively to address needs in that specific area of interest.

Trained, professional volunteers, knowledgeable about the needs of Miami-Dade, determine how best to accomplish our goals. They also monitor the effectiveness of each program. Every \$1 invested in the community plan turns into **\$2.04** worth of help to the community.

The United Way Endowment

United Way works to create a more educated, prosperous and healthy Miami-Dade. The United Way Endowment perpetuates that work by building a permanent savings account for our future. The Endowment provides United Way the financial stability and flexibility to continue to create lasting solutions to our emerging health and human service needs, thus building a stronger community for generations to come. For more information, visit www.unitedwaymiami.org.

Loyal Contributors

If you have been giving to United Way - any United Way - for **10 years or more**, we want to know about it. We want to show our appreciation and give you our special thanks for all you have done for so many people in our community. Your consistent support has changed lives.

Giving is a personal decision. United Way is opposed to coercion of any kind; whether to give or how much to give is strictly up to you.

To learn more about your United Way, visit www.unitedwaymiami.org.

United Way Center for Financial Stability

Helping individuals and families pave a path to financial independence.



One of United Way's top priorities is helping people achieve financial stability. That's why in October 2009, we opened the United Way Center for Financial Stability. The Center offers clients a range of financial services, including free tax preparation, budgeting assistance and financial training, and pairs them with a financial coach -- all in an effort to help working individuals and families achieve long-term economic independence. The Center is one of two national pilot sites, with Bank of America as the founding partner, and is housed and operated by South Florida Urban Ministries.

Together, we will help individuals and families overcome financial obstacles and achieve long-term economic independence.

Visit us at www.miamifinancialstability.org.

FamilyWize Prescription Drug Discount Card program

In an effort to assist individuals and families in accessing the health care system, United Way of Miami-Dade has partnered with the FamilyWize Prescription Drug Discount Card program. This program is for anyone who does not have insurance or is in need of medication that is not covered by their insurance. The card is currently being accepted at nearly 500 pharmacies throughout Miami-Dade County, providing individuals and families an average savings of 30 percent on the cost of their prescription medication.

To print your free discount card, visit www.unitedwaymiami.org.

A direct investment in the community plan supports Miami-Dade's only free 24-hour information and crisis hotline:



Switchboard
Answering the Call

Call (305) 358-HELP [4357] for confidential help, including:

- Information and referral
- Crisis intervention
- Telephone counseling (initial call)
- Follow-up service

24 hours a day, 7 days a week • English, Spanish, Creole



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www.unitedwaymiami.org

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