

Donor Information

Name(s) _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Email _____
 Employer _____

- I wish to receive the United Way E-Newsletter.
- I wish for my gift to remain anonymous.
- I am going "green", send me electronic notifications
- A thank you is not needed



2011-2012 Campaign Chair
Mark Callahan
 Vice President Ancillary Services
 Mary Lanning Memorial Hospital

2 Your gift:

\$ Total donation to United Way of South Central Nebraska

Please select a payment option below:

- Payroll deduction:** \$ _____ per pay period:
 - Weekly (52-pays) Semi-Monthly (24-pays)
 - Bi-Weekly (26-pays) Monthly (12-pays)
- Cash:** \$ _____
- Check #** _____ in the amount of \$ _____
- Bill me:** At the address above. (\$25 minimum)
 - Once Quarterly Monthly (Starting __/__/__)
- Electronic Funds Transfer Pledge amount of \$** _____

Routing # _____ Account # _____
 Signature _____
 (Only for electronic transfers)

- To make a donation using a credit card please visit www.unitedwayscne.org and click GIVE.

3 Leadership:

BUILDER'S CLUB

I/we agree to join Builder's Club by making an initial gift of at least \$150 and will increase that gift annually by \$50 until I/we reach the \$500 Foundation Level.

My gift:\$ _____ Spouse/partner's gift:\$ _____

Our combined gift:\$ _____

LEADER'S CLUB

My gift:\$ _____ Spouse/partner's gift:\$ _____

Our combined gift:\$ _____

LEADER'S CIRCLE GIVING LEVELS

BUILDER'S CLUB.....	\$150	\$499
FOUNDATION.....	\$500	\$999
CORNERSTONE.....	\$1000	\$5000
PILLAR.....	\$5,000+	

4 Giving Options:

Community Care Fund

I/We choose to impact South Central Nebraska through a gift to United Way's Community Care Fund. Please use my donation where it is needed most. \$ _____

Impact Fund

I/We choose to put my gift to work in one or more of these areas:

- \$ _____ Education
- \$ _____ Financial Stability
- \$ _____ Health

Designation

I/We choose to help through a specific United Way Member

Agency/Program _____ \$ _____

Agency/Program _____ \$ _____

(Pledges to designated agencies must be eligible to receive charitable contributions. A processing fee will be applied to agencies that are not part of the United Way of SCNE)

Anti-Designation

I/We wish to exclude the following United Way Member Agency from my/our gift _____

Permanent Endowment Fund

- Send me information on the United Way Permanent Endowment Fund.

United Way of South Central Nebraska 2011 – 2012 Member Agencies

- A.S.A.A.P
- BIG BROTHERS/BIG SISTERS
- BOY SCOUTS, OVERLAND TRAILS COUNCIL
- CASA OF SOUTH CENTRAL NEBRASKA
- CATHOLIC SOCIAL SERVICES
- CHILD DEVELOPMENT COUNCIL
- COMMUNITY ACTION PARTNERSHIP OF MID-NE
- GOOD BEGINNINGS/BRODSTONE HOSPITAL
- HASTINGS LITERACY PROGRAM
- HASTINGS RESPITE CARE
- HEALTHY BEGINNINGS
- HORIZON RECOVERY & COUNSELING CENTER
- RED CROSS, MID RIVERS CHAPTER
- ROYAL FAMILY KIDS CAMP
- S.A.S.A
- SENIOR ACTION (MEALS ON WHEELS)
- SPECIAL CHILDREN'S FUND
- S.T.A.R.S
- TEAMMATES – HASTINGS CHAPTER
- YWCA OF ADAMS COUNTY



United Way of South Central Nebraska
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www.unitedwayscne.org