BE A LEADER

JOIN A LEADER NETWORK | STEP UP, SHARE IDEAS AND SERVE OUR COMMUNITY:

☐ Leadership Society: Show your commitment to making our community stronger by contributing $1,000 or more annually to United Way.

☐ Young Philanthropists Society: Join a network of young professionals empowering the next generation of leaders by contributing $1,500 or more annually to United Way.

☐ Women’s Leadership Council: Be a part of this dynamic, diverse group of powerful women who are energized and inspired to create a better future for women and families through their investment of $1,500 or more annually to United Way.

☐ Tocqueville Society: Demonstrate extraordinary generosity and join a powerful network of generous philanthropists who make an annual contribution of $10,000 or more, driving impact and creating lasting change.

OPTIONAL

Leave this section blank if you want your gift to be combined with thousands of others to make the greatest impact for children and families in Nevada. If you want to direct all or a portion of your gift to another organization, please do so below.

☐ I want to support another 501(c)(3) nonprofit organization(s).

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<th>PROGRAM OR AGENCY NAME</th>
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United Way of Southern Nevada, formed as a non-profit entity in Nevada, is an IRS 501(c)(3) tax exempt charity. This is a charitable contribution and I am not receiving any goods or services in return. There is a Shared Cost for Fundraising and gift stewardship of 15% on all agency designations. Your donation may be tax deductible.

MAKE A DIFFERENCE.

DONATE TODAY.

BE THE ONE

GIVE
uwsn.org/give

VOLUNTEER
uwsn.org/volunteer

ADVOCATE
uwsn.org/advocate

United Way of Southern Nevada
connect@uwsn.org • 702.892.2300

ONE FOR ALL
uwsn.org

5830 W Flamingo Rd, Las Vegas, NV 89103

JOIN THE CAUSE
uwsn.org

United Way of Southern Nevada

®

UN1TED
ONE FOR ALL.
Your gift is easy to make through payroll deduction, is tax deductible and helps people right here in Southern Nevada.

HOW MAY WE REACH YOU?
Please PRINT your information below clearly.

☐ Check here to be anonymous.

MR/MRS/MS/DR FIRST NAME MI LAST NAME

HOME ADDRESS

CITY STATE ZIP

PHONE ☐ HOME ☐ CELL WORK PHONE EXTENSION

EMPLOYER NAME EMPLOYEE NUMBER (IF APPLICABLE)

EMAIL ADDRESS ☐ PERSONAL ☐ WORK (We will email information on how your gift is making a difference.)

Your privacy and confidentiality are important to us. We never share your information.

HOW WOULD YOU LIKE TO GIVE?

☐ EASY RECURRING PAYROLL DEDUCTION
How much would you like to give per pay period?

☐ $25 ☐ $10 ☐ $5 ☐ $2
☐ Other $_______________ (per pay period)

OR ☐ ONE-TIME GIFT

TOTAL GIFT $__________ to be paid by:
☐ One Time Payroll Deduction
☐ Personal Check #: __________ (enclosed)
☐ Cash (enclosed)
☐ Credit Card (See coordinator for form)

SIGN HERE

SIGNATURE DATE

I authorize this contribution to be deducted from my pay and to remain in effect as long as I am employed here or until it is changed by me. If I designate to a non 501(c)(3) agency, my gift may be directed to United Way of Southern Nevada.

THANK YOU FOR YOUR SUPPORT!

Office Use Only

Total Gift