

GRIPPER



1500 Yanceyville Street
Greensboro, NC 27405-6932

PLACE
STAMP
HERE

FOLD

THANK YOU FOR BUILDING PATHWAYS OUT OF POVERTY!

Thanks to you, our community is helping youth transition from cradle to career, helping adults land jobs and increase income, and providing access to basic needs and healthcare. Thanks to you, our nationally recognized Family Success Centers and innovative Guilford Success Network are bundling services and removing barriers.

As a community united in equity and lasting solutions, 3,000 households in greater Greensboro will leave generational poverty by 2030.

End local poverty

3,000 households by 2030



BLUE

COUNT ME IN - I WANT TO HELP LOCAL HOUSEHOLDS LEAVE POVERTY!

DR./MR./MS./MRS. **FIRST NAME** _____ **MIDDLE** _____ **LAST** _____ **SUFFIX** _____
Circle one Required Required

HOME ADDRESS _____ **CITY/STATE/ZIP** _____
Required Required

PHONE (____) _____ **EMPLOYER** _____
□ CELL □ HOME □ WORK

PERSONAL EMAIL REQUIRED FOR CAR GIVEAWAY _____
Sharing your personal email also enables us to send impact updates, special event invitations and billing statements

☐ **Combine my gift with my spouse/partner**

Name _____

Employer _____

FOR PUBLIC RECOGNITION

☐ **Recognition Name(s)** _____
- OR - If different than above
☐ **I/We prefer all my/our gifts to remain anonymous**

FOLD

PAYMENT OPTIONS

- ☐ **Online:** UnitedWayGSO.org/DONATE (No need to complete this form)
- ☐ **Check:** Made payable to United Way
- ☐ **Bill Me:** At the email address listed above. Payment can be made via credit card, personal check or stock transfer.
(Donation must total \$25 or more. Pledges less than \$100 will be billed semi-annually.)

Choose a reminder preference:

☐ **Monthly** ☐ **Quarterly** ☐ **Semi-annually** ☐ **Once**

TOTAL GIFT

\$

Payment reminders begins upon receipt
 or choose start date:

SIGNATURE _____

DATE _____

Signature and date are both required for all methods of payment

CHECK A BOX TO STAY CONNECTED ALL YEAR

Group members have access to social connections, events and programs that help us end local poverty.

- ☐ **Young Leaders** (under age 40, annual contribution of \$120+)
- ☐ **African American Leadership** (annual contribution of \$500+)
- ☐ **Women United** (annual contribution of \$1,000+)
- ☐ **Tocqueville Society** (annual contribution of \$10,000+)

I'M PLANNING FOR THE FUTURE!

☐ **I am already retired** ☐ **I plan to retire on:**
 - AND/OR -
☐ **I want to learn more about Planned Giving**

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also 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. **(Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 919-814-5400 or 888-830-4989 for NC Residents. The license is not an endorsement by the State.)**

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