

1 MEMBER INFORMATION (Please print)

Name _____

Spouse's Name _____

— Please complete section below if this is your first Tocqueville Society gift or if your information changed —

How my/our name(s) should be listed in recognition materials

I would like my pledge credited to my company's campaign.

Home Address _____

(____)____-____
Home Phone

Personal Email _____

Company _____

(____)____-____
Business Phone

Business Email _____

Assistant's Name _____

(____)____-____
Assistant's Phone

Assistant's Email _____

2 CONTRIBUTION METHOD

I/We want to solve our community's toughest challenges with a gift of \$ _____

Signature (required for all gifts) _____

Date _____

Payment enclosed (Please make checks payable to United Way of Northeast Florida.)

I want to empower philanthropy with an endowed or legacy gift.

Please bill: In full Quarterly
Beginning date (MM/DD/YY): ____/____/____

I am a Loyal Donor. (I have given to any United Way for 10 years or more.)

Gift will be in stock or securities
(Please email information to givestock@uwnefl.org.)

I am a Diamond Donor. (I have given to any United Way for 25 years or more.)

Payroll deduction (Please complete all forms required by your company.)

I am interested in joining Women United.

Credit card: visit unitedwaynefl.org/give or call 904-330-3952.

I would like to make a recurring annual Tocqueville Society gift of \$ _____

3 RECOGNITION PROGRAMS

Information available on the "Maximize Your Giving" insert.

I would like to participate in:

- Emerging Tocqueville
- Step-up Program
- The Weaver Challenge
- The Society Challenge

4 YOUR INVESTMENT

Invest in the mission of United Way to advance all impact areas.

Or, choose a specific United Way impact area:

- Basic Needs
- Financial Well-Being
- Racial Equity

Or, choose a United Way initiative: _____

The most effective way to help the community is to make an unrestricted gift to United Way. Gift restriction is optional.

- I choose to make an unrestricted gift to United Way of Northeast Florida.
- I choose to designate a portion of my gift to a specific health and human services 501(c)(3) \$ _____ or % _____

Full Agency Name and/or EIN Number: _____

Address: _____ City/State/Zip: _____

As with all United Way contributions, the cost of raising and distributing funds is deducted. If the designated charity is no longer in existence, cannot be found or does not qualify per guidelines, contributions will go to United Way's mission.

FOR UNITED WAY OF NORTHEAST FLORIDA, A COPY OF THE OFFICIAL REGISTRATION (#SC-00905) AND FINANCIAL INFORMATION CAN BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1-800-435-7352 OR BY VISITING WWW.FLORIDACONSUMERHELP.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE OF FLORIDA. BASED ON THE FISCAL YEAR ENDING JUNE 30, 2021, IRS FORM 990, 88.7% OF REVENUE FUNDS PROGRAMS. A COPY OF THIS FORM, ALONG WITH YOUR CANCELED CHECK, WILL SATISFY THE INTERNAL REVENUE SERVICE REGULATIONS REGARDING CHARITABLE GIFTS. UNITED WAY HAS PROVIDED NO GOODS OR SERVICES IN RETURN FOR THIS CONTRIBUTION.

United Way *Tocqueville Society*

P.O. Box 41428, Jacksonville, FL 32203-1428 • Phone: 904-390-3200 • Fax: 904-390-7373

unitedwaynefl.org •    @unitedwaynefl •  United Way of Northeast Florida