HELP US LEAD THE WAY!





Prefix	First Name			M.I.	Last Name				
Home Address		Apt #	City		State	Zip			
Personal Phone		Personal	Email						
Birthday Emplo		Employer	(If Applicab	le)					
Spouse/Partner First Name		Spouse/Pa	Spouse/Partner Last Name			Spouse/Partner Birthday			
Donor Recognition: Donors who give \$500 or more are recognized in our Annual Report (this includes joint gifts). Please let us know how you would like your name to appear in the Annual Report. Check this box if you wish to remain anonymous.									
MAY TOTAL A	NAMES OF			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
MY TOTAL ANNUAL GIFT \$1 PER DAY			Y \$10 PER	1 ' '	1	PER WEEK			
\$	Annual gift \$365 EVERYDAY HERO			Annual gift \$520 Annual gift \$1,040 Annual gift \$2,600 LEADERSHIP LEADERSHIP LEADER AMBASSADOR					
I'D LIKE TO MAKE MY GIFT BY:									
PAYROLL DEDUCTION: One time (Full annual gift) Per pay period x # Pay periods Annual Gift									
CASH OR CHECK ENCLOSED Check # Check Date Make payable to United Way of the Lakeshore.									
☐ BILL ME: ○ Monthly ○ Quarterly ○ One time donation on									
☐ I'M INTERESTED IN GIVING THROUGH: Ostocks/Securities Our team will contact you						Advised Fur			

Visit unitedwaylakeshore.org/donate to set up a recurring donation or make a one-time credit card gift today!



NAME (First & Last)

YOU MAKE THE DIFFERENCE

Next Gen Leaders Seniors United

Students United Women United

Your gift will be used to meet the areas of greatest need right here at home. From housing to education to family counseling, every program we partner with is vetted for maximum effectiveness, and every dollar stays in your community. Visit our website at unitedwaylakeshore.org for a current list of our funded programs.

	website at unitedwaylakeshore.org	for a current list of our funded programs.						
LOOKING TO DIRECT YOUR IMPA Choose to give to United Way's focus area								
Please direct \$ of m	y total annual gift to the focus area	, fund, or agency indicated below:						
Muskegon County	Access to Health	Early Childhood Success						
Newaygo County	☐ Youth Success	☐ Economic Mobility						
Oceana County	Equity Advancement	Mission United Veteran Services						
County	Safe and Stable Housing	Single Agency* (for gifts of \$100 or more)						
All write-in agencies are subject to eligibility requirements. If your selected agency does not meet eligibility requirements, dollars will be redirected to your local United Way and used to meet the immediate needs for our neighbors. For questions on eligibility requirements, call 231.332.4000.								
AMPLIFY YOUR IMPACT								
beyond for your friends, your fa	mily, and those in your community. to learn more about joining our con	pecial. You choose to go above and Are you looking to amplify your impact? Immunity of advocates, volunteers, and						
I WOULD LIKE MORE INFORM	IATION ABOUT:							
☐ Making an Impact with Like-Minded People!	Keeping Up to Date on My Community!	□ Vo¥unteer Center						
Labor United Mission Uni	ted Sign me up for <i>Friday Five</i> , Unite Way's weekly e-newsletter.	d Find your passion. Get involved. Our Volunteer Center connects individuals and						

By expressing interest you will be included in any upcoming emails related to your interests. United Way of the Lakeshore does not share or sell your information. You will have the option to opt out at anytime.

groups who want to volunteer with local nonprofit organizations that need help.