

DONOR First MI Last Address City State Zip Preferred Email Company Name Phone: (Home) _ Signature: Date: _ **MY DESIGNATION** Advance the common good: Please use my gift in the area of greatest need in our community. Designated contribution: Please designate my gift to a UWSWMOSEK Community Partner listed on back of this form: Designated Partner or Program Thank you for your support!

PAYROLL DEDUCTION		
My Fair Share: 1 hour's pay per month or 1% of annual income.		
1 hour's pay per month: \$x 12 (months) =		
☐ 1% of annual salary: \$		
☐ Easy Payroll Deduction: I choose to give at the following level:		
Gift per Paycheck Please enter the amount you'd like to donate from each paycheck: \$	Number of Paychecks 52 (Weekly) 26 (Bi-Weekly) 24 (Semi-Monthly) 12 (Monthly) Other:	
Column 1 X X	mn 2 = \$ Total Annual Gift	
OTHER GIVING OPTIONS		
Please accept my gift of \$		
☐ Cash ☐ Check (payable to United Way)		
☐ Bill me: ☐ Quarterly ☐ Monthly ☐ Other		
Credit Card: Name on Card	Exp. Date	
Account #	Security Code	
Bank Draft: Name of Bank	Routing #	
Account #	Checking Savings	



Community Partners - Missouri

Boys and Girls Club of Southwest Missouri

Children's Center of Southwest Missouri

Children's Haven of Southwest Missouri

Community Clinic of Southwest Missouri

Community Support Services Early Learning Center

Joplin Family Y

Joplin NALA Read

Lafayette House

Legal Aid of Western Missouri

Regional Health and Welfare

The Salvation Army of Joplin

Community P	artners -	Kansas
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Big Brothers and Big Sisters of Crawford County

Baxter Springs Food Pantry

Catholic Charities of Southeast Kansas

Cerebral Palsy Research Foundation

Communities in Schools of Mid-America

Family Resource Center

Kansas Legal Services

Labette Assistance Center

Pittsburg Community Child Care Learning Center

Pittsburg Family Y

Safehouse Crisis Center

Spring River Mental Health and Wellness

The Salvation Army of Pittsburg

Wesley House