We're here.

IMAGINE THE IMPACT YOU'LL MAKE.

United Way Miami

Gift Card

Employee Name_____ Employee Number_____

Employee Email_____ Work Location Number_____

Want to see how your contribution is making a difference? Please provide your personal email address so we can provide you with opportunities to stay informed and involved all year long. _____

Please select only one option under either Section 1, 2, 3 or 4, then fill out your method of payment.

1 Superintendent's Leadership Circle

Individuals who make a gift of $1,000 or more a year are considered members of the Superintendent's Leadership Circle and of United Way Miami's Leadership & Endowment Circle, and are invited to special events in recognition of their dedication to helping others.

☐ $1,000 ☐ Greater than $1,000_____ (new amount)

Fast track giving program

The fast track program facilitates an individual to ascend to a predetermined giving level in three years' time. Beginning in year one, the individual is recognized at the highest level.

	Year 1	Year 2	Year 3
☐ Cornerstone	$550	$750	$1,000
☐ Pillar	$1,000	$1,750	$2,500
☐ Pioneer	$2,500	$3,750	$5,000
☐ Tocqueville Society	$5,000	$7,500	$10,000

2 Goal Busters

☐ Individuals who make a gift of $500 – $999.99 will receive a recognition pin and will be invited to the awards ceremony.

$_____

3 School Bell Club

☐ Individuals who make a gift of one day's pay will receive special recognition from the Superintendent.

$_____

4 I wish to make a gift of: $ _____

Recognition options - please mark and complete information, if applicable.

☐ LINC: I'm under 30 years-old and have contributed a gift of $250 or more
☐ Women United: I'm a woman giving $1,000 or more
☐ Young Leaders: I'm 45 years-old or younger and making a gift of $1,000 or more
☐ Tocqueville Society: I contribute a gift of $10,000 or more
☐ United Way Leadership & Endowment Circle family gift: I am combining my gift with that of my spouse/partner for a donation of $1,000 or more
☐

NAME OF SPOUSE _____ EMPLOYER: _____

Method of payment

☐ Payroll donation

Deduct $ _____ per pay period for a total of $_____ per year.

I understand that payroll deductions will run continuously every year until I give written consent to M-DCPS to change my deduction.

☐ One-time gifts only $_____

☐ Cash ☐ Check enclosed # _____

☐ I wish to pay by credit card. (Please call (305) 646-7061).

I subscribe my gift to the United Way Miami campaign and hereby authorize equal payroll deductions of this amount from each of my paychecks as indicated above. I understand that such deduction is revocable upon thirty (30) days written notice to the employer and United Way Miami, provided however, that such deduction shall be in force so long as United Way Miami is authorized to raise funds at M-DCPS. I hereby waive my right and claim to said monies so deducted and transmitted in accordance with this authorization and relieve the board and all of its officers of any liability thereof.

United Way Miami has not provided goods or services in return for your contribution that would limit the tax deductibility of your contribution. A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling 1-800-HELP-FLA toll-free within the state. Registration does not imply endorsement, approval, or recommendation by the state. 100% of contributions received by United Way Miami. Registration number: SC-00630.

Signature _____ Date_____

In signing this form I agree to make this gift and authorize my employer to deduct from my paycheck until I give written notification otherwise.

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