WITHOUT YOU, SOMEONE WON'T GET THE HELP THEY NEED.

GIVE NOW.





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	2	Goal Busters
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.	rece	ndividuals who make a gift of \$500 – \$999.99 will ive a recognition pin and will be invited to the rds ceremony.
\$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.	3	School Bell Club
Year 1 Year 2 Year 3	☐ Ir	ndividuals who make a gift of one day's pay will receive cial recognition from the Superintendent.
Cornerstone	spec	·
☐ Pillar\$1,000\$1,750\$2,500 ☐ Pioneer\$2,500\$3,750\$5,000	\$	
☐ Tocqueville Society \$5,000\$7,500 \$10,000	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 □ Men United: I'm a man giving \$1,000 or more □ Women United: I'm a woman giving \$1,000 or more □ Young Leaders: I'm 40 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		
Method of payment		
☐ Payroll donation ☐ One-time of		
Deduct \$ per pay period for a total of \$ per year. Cash Check enclosed #		
I understand that payroll deductions will run continuously every year until I give written consent to M-DCPS to change my deduction.		
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.		
9		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.		
United Way Miami • Ansin Building • 3250 Southwest Third Avenue • Miami, Florida 33129-2712 • (305) 646-7000 • unitedwaymiami.org		