

STEP 1 MY INFORMATION

Dr. Ms. Mrs. Mr.

First Name _____ Last Name _____ Middle Initial _____

Home Address _____ City _____ State _____ Zip _____

Preferred Email Personal Work

Preferred Phone Cell Home (Land) Work (Land)

Employer _____ Employee ID _____

I'm retired or retiring this year. Please keep in touch.

THANK YOU!

We like to recognize our Summit Society Members! (Gifts over \$500)

Please tell us how you'd like your name to appear:

I wish to remain anonymous

Combine my gift with my spouse/partner

Spouse/Partner Name _____

For Volunteer Opportunities

Please visit our volunteer website to register
uwna.volunteerhub.com

STEP 2 MY GIFT PAYMENT OPTION

1 **Credit Card** - For security please:
Workplace campaigns contact your campaign coordinator
Individual giving visit nazunitedway.org

2 **Check or Cash** - Attached and Payable to United Way of Northern Arizona

3 **Bill Me** - Please bill me for my contribution
SELECT BILLING FREQUENCY

Monthly Quarterly One Time (add date) MM / YY

4 Payroll Deduction (Per Pay Period)

| AMOUNT PER PAYCHECK | # OF PAY PERIODS | TOTAL ANNUAL PAYROLL DEDUCTION |
|--|------------------|--------------------------------|
| <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 | X | = \$ |
| <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 | | |
| <input type="checkbox"/> Other \$ _____ | | |

STEP 3 INVESTMENT OPTIONS

\$ _____

step Up

Community Investment

See reverse for more information

\$ _____

KinderCamp™

\$ _____

**Dolly Parton
Imagination Library**

\$ _____

**Elevate Pre-K
(LAUNCH Flagstaff)**

\$ _____

Crisis Response

\$ _____

**UWNA Endowment
Fund**

\$ _____

**AZ Charitable Tax
Credit (AZ Code 20726)**
Max \$400 single/\$800 married

My Total
Annual Gift

\$ _____

\$ _____

Other 501(c)(3)
Non Profit

Name and address of agency

Designations (a minimum of \$200) may be made to any non-profit in good standing with the IRS. Any designations under \$200, missing contact information or not in compliance will be directed Toward the Step Up for Youth. An 18% administrative/fundraising fee will be charged.

STEP 4 SIGNATURE

SIGNATURE _____

DATE _____

step UP for our Youth

Investing in the Power and Potential of Successful, Resilient Youth ages 0-18.



These past few years have been difficult, but we have never been more proud of our community and all you have made possible. Your generosity, volunteerism, and the spirit of collaboration in our public and private partnerships have provided renewed hope in our communities. You helped families stay in their homes, feed their children, and keep the lights on. We have never been more optimistic for our promising and vibrant future. We have never been more UNITED in PURPOSE.



Early Childhood Development

Imagine What's Possible

We ensure that children meet developmental milestones that lead to success throughout their lives.



Positive Youth Development

Create a Vibrant Future

Our communities organize services, opportunities, and support to assist our young people in reaching their potential.



Safety & Security

Realize Our Potential

We will work to ensure families and individuals have a safe home to call their own.

We Believe in Bold Goals and with Your Help, We will Accomplish Our Dreams



250,000

Food boxes distributed



29,375

Number of volunteers/mentoring hours supporting positive youth development programs



3,512

Number of children, ages 1 - 9 years, receiving literacy supports



7,856

Number of books provided to children, ages 0 - 9 years



6,544

Youth participating in STEAM, creative arts, physical education, and health education programs

Did You Know?

\$25

Provides one hour of participation in a STEAM learning activity

\$50

Provides two teens with financial literacy courses, student financial aid support and mentorship.

\$100

Provides nutritious meals for a family of four for four days.

\$150

Provides curriculum, materials, and books to serve one child over the course of one year.

\$250

Provides safe housing and critical support services to one survivor of domestic violence for one month.