2023 United Way Campaign
for faculty and staff
October 9 to December 1

UNITED AS ONE
United Way of St. Joseph County

1. Supports local, high-performing partner agencies
2. Funds programs that help people move out of poverty
3. Vets each program and requires measurable outcomes

FOCUS: MOVING PEOPLE OUT OF CYCLES OF POVERTY

FUNDING PRIORITIES

- EDUCATION
- HEALTH
- ECONOMIC MOBILITY
- SAFETY NET SERVICES

UNITED WAY–FUNDED PROGRAMS HELP:

- Young children meet developmental milestones
- Kids succeed socially, emotionally, and academically
- Families, and individuals, thrive independently
- People find shelter, food, and safety
UNITED AS ONE FOR ST. JOSEPH COUNTY

PRIZES:
- Four tickets to a men's basketball game
- Four tickets to a women's basketball game
- Foursome of golf at Warren Golf Course
- One night's stay at the Morris Inn
- $100 gift card for Rohr's
- Meal vouchers for North or South Dining Hall
- Merchandise from the Notre Dame Bookstore

Donate online at unitedway.nd.edu, or fill out the form below and mail it to United Way using the enclosed postage-paid envelope.

**MY INFORMATION:**
- Mr./Mrs./Ms./Dr. First Name M.I. Last Name Jr./Sr.
- Personal Email *Required for Credit Card Transactions
- Work Email
- Home Address
- City
- State ZIP Home Phone Cell Phone
- Birthdate MM/DD/YY Employer

**MY GIFT**
- I would like my gift to remain anonymous
- I would like my gift to automatically renew each year as a continuous donor
- Payroll deduction Per pay period $: # of pay periods: ______ Total annual gift: $
- Gift is attached [ ] Cash [ ] Check (check number): ______ [ ] Credit card One time: $ ______ Monthly: $ ______
- Card number: ______ Billing ZIP: ______ CVV: ______ Signature: ______

**ADDITIONAL WAYS TO GIVE**
- Please contact me about: [ ] Volunteer Opportunities [ ] Women United [ ] Retire United [ ] Planned Giving
- Please bill me *Home address required, $50 minimum One time: $ ______ Quarterly: $ ______ Monthly: $ ______
- Start date: ______ Total annual gift: $ ______
- Please combine my gift with my spouse/partner's contribution!
- Their name: ______ Their employer: ______
- Please list me/us as: ______
- Please direct my gift to: [ ] Education [ ] Health [ ] Economic Mobility [ ] Safety Net Services
- Another United Way: ______ UWSJC Impact Partner: ______
- I am affiliated with a Labor Union: ______

Annual individual or combined household contributions of $1,000 or more qualify for recognition as a member of the following giving societies:
- Alexis Coquillard Society ($1,000+ Annually)
- Sorin Society ($2,500+ Annually)
- Navarre Society ($5,000+ Annually)
- Tocqueville Society ($10,000+ Annually)

*DID YOU KNOW? 5% of your United Way donation goes to the Notre Dame Compassion Fund to help co-workers in need.*

Log in to Okta and click "My Giving History"

Learn about the Compassion Fund

*5% of all United Way donations collected through the Notre Dame Campaign are directed to the ND Compassion Fund.

*You will be contacted each year to confirm or make changes to your pledge, though changes can be made at any time.

Payroll deduction: Per pay period $: $ # of pay periods: ______ Total annual gift: $ ______
- Gift is attached [ ] Cash [ ] Check (check number): ______ [ ] Credit card One time: $ ______ Monthly: $ ______
- Card number: ______ Billing ZIP: ______ CVV: ______ Signature: ______

ADDITIONAL WAYS TO GIVE
- Please contact me about: [ ] Volunteer Opportunities [ ] Women United [ ] Retire United [ ] Planned Giving
- Please bill me *Home address required, $50 minimum One time: $ ______ Quarterly: $ ______ Monthly: $ ______
- Start date: ______ Total annual gift: $ ______
- Please combine my gift with my spouse/partner's contribution!
- Their name: ______ Their employer: ______
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5% administration fee, compliant with United Way Worldwide standards, is charged to offset the cost of processing all designated dollars.

*16.42% administration fee, compliant with United Way Worldwide standards, is charged to offset the cost of processing all designated dollars.

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No goods or services were provided in exchange for this contribution. Please keep a copy of this form as well as your W-2 and pay stubs for your tax records.