

UNITED IS THE WAY

SAFETY NET
SERVICES

ECONOMIC
MOBILITY

HEALTH

EDUCATION

WE CREATE LASTING CHANGE TOGETHER



Log in to
Okta to donate
electronically



Pledge Today!

uwsjc.org



UNITED WAY
St. Joseph County

Did you know?

50%

of your United Way donation goes to the Notre Dame Compassion Fund to help co-workers in need.

With your support, United Way of St. Joseph County is able to:

- 1 Support local, high-performing partner agencies
- 2 Fund programs that help people move out of poverty
- 3 Examine each program and ensure measurable outcomes

Learn about the Compassion Fund



2025 United Way Campaign for faculty and staff

#1 MY INFORMATION

Mr./Mrs./Ms./Dr.	First Name	M.I.	Last Name	Jr./Sr.	
Personal Email					Work Email
Home Address				City	
State	Zip	Home Phone	Cell Phone	Birthdate MM/DD/YY	
Employer					

#2 MY GIFT

☐ I would like my gift to remain anonymous.

☐ I would like my gift to automatically renew each year as a continuous donor.

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

Total Annual Gift

☐ **PAYROLL DEDUCTION** PER PAY PERIOD \$: _____ # OF PAY PERIODS: _____ \$ _____

☐ **GIFT IS ATTACHED** ☐ CASH ☐ CHECK CHECK NUMBER: _____ ☐ CREDIT CARD ONE TIME \$: _____ MONTHLY \$: _____

CARD NUMBER: _____ ☐ VISA ☐ DISCOVER ☐ MASTER CARD ☐ AMERICAN EXPRESS

PERSONAL EMAIL ADDRESS *Required for Credit Card Donation: _____

EXP DATE: _____ BILLING ZIP: _____ CVV: _____ SIGNATURE: _____

*Five percent of all United Way donations collected through the Notre Dame Campaign are directed to the Compassion Fund to assist Notre Dame employees in need.

#3 ADDITIONAL OPTIONS

PLEASE CONTACT ME ABOUT:

☐ VOLUNTEER OPPORTUNITIES

☐ WOMENS UNITED

☐ RETIRE UNITED

☐ PLANNED GIVING

☐ **PLEASE BILL ME** *Home Address Required I \$50 Minimum

☐ ONE TIME \$: _____ ☐ QUARTERLY \$: _____ ☐ MONTHLY \$: _____

☐ **PLEASE COMBINE MY GIFT WITH MY SPOUSE/PARTNER'S CONTRIBUTION**

THEIR NAME: _____

THEIR EMPLOYER: _____

PLEASE LIST ME/US AS: _____

☐ **PLEASE DIRECT MY GIFT TO:** ☐ SAFETY NET SERVICES ☐ ECONOMIC MOBILITY ☐ HEALTH ☐ EDUCATION

☐ ANOTHER UNITED WAY **: _____ ☐ UWSJC IMPACT PARTNER ***: _____

**\$50 Minimum for all designations. 8% administration fee, compliant with United Way Worldwide standards, is charged to offset the cost of processing designations to other United Ways.

***\$50 Minimum for all designations. 12% administration fee, compliant with United Way Worldwide standards, is charged to offset the cost of processing all designated dollars.

***A complete list of UWSJC Impact Partners is available at uwsjc.org

No goods or services were provided in exchange for this contribution. Please keep a copy of this form as well as your W2 and paystubs for your tax records.