

For use by OCERS retirees

Please help us confirm your gift and report results to you periodically by filling out all fields

Mr./Mrs./Ms. _____
First Name M.I. Last Name

_____ Home Street Address _____ City _____ State _____ Zip Code

_____ Email Address _____ Home Telephone

Number of years I have given to United Way 1st time 5 years 10 years more

YES, I WANT TO HAVE AN IMPACT IN MY COMMUNITY

Community Impact Fund

Your investment to United Way's Community Impact Fund makes you a partner in addressing our community's most basic needs, such as safe housing, clothing or food. This Fund also takes a long-term approach of supporting programs and partnerships that address the root causes to help people to become self-sufficient. For the greatest community impact, make your investment here.

\$ _____

Long-term Change Strategies

You may also choose to direct part or all of your investment to one or more specific areas of the Community Impact Fund that provide targeted long-term change strategies.

Success By 6[®]

\$ _____

Keeping Kids On Track

\$ _____

Somos Familia

\$ _____

Women's Empowerment Portfolio

\$ _____

Total Dollars directed to Community Impact (A) \$ _____

Restricted Investment

I'd like to designate my gift to a specific non-profit organization that qualifies as a "tax deductible charity." If the organization does not qualify, funds will go to the Community Impact Fund. (minimum gift \$50)

Agency Name _____ Code _____

Address _____ City _____ State/Zip Code _____

Do not release my name to agency

Total Dollars for Restricted Investment (B) \$ _____

TOTAL ANNUAL INVESTMENT (A+B) \$ _____

SIGNATURE REQUIRED _____

I WANT TO PARTNER WITH MY COMMUNITY

My annual investment includes me as a member of one of the following:

- \$1 - \$499 Community Impact Partner
- \$500 - \$999 Emerging Leader
- \$1,000 - \$9,999 Leaders' Society
 - Women Looking Forward
- \$10,000 and higher Tocqueville Society
 - Women's Philanthropy Fund
 - Bench and Bar

My annual investment will be paid as follows:

- I want to contribute the following amount through a deduction from my monthly retirement allowance each month:
- \$100 \$50 \$25 \$10 \$5 Other _____

I wish to receive periodic email reports on United Way's impact.

Please list my name in printed materials as follows:

I wish to remain anonymous in printed materials.