

## 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

\_\_\_\_\_ City State Zip Code

\_\_\_\_\_ 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<sup>®</sup> \$ \_\_\_\_\_

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.