Together, United Way and Sun Devils are working to ensure Valley kids are on the path to success birth to career. Your generosity helps them each step of the way by supporting the kids, their families and the neighborhoods where they live.

Personal Information - Please Print

Last Name
First Name
ASUright ID (jdoe)         ASU Affiliate ID # (1XXXXXXX)

Please choose how you want to improve our community

**Option A: Most Impact**
United Way and Sun Devils Fight for Kids, Families and Neighborhoods (United Way will apply it where the need is greatest)
Help the Working Poor Fund (eligible for AZ Charitable Tax credit)

**Option B: Fight for Kids Birth to Career**

- Ready for Kindergarten $  
- Reading by Third Grade $  
- Quality Afterschool Programs $  
- End Hunger in the Classroom $  
- Weekend Hunger Backpacks $  

**Option C: Fight for Families**

- End Family Hunger $  
- End Homelessness $  

**Option D: ASU in our Community**

- ASU Prep Academy $  
- ASU Promise Scholarships $  

Option E: [ ] Mesa United Way
[ ] Specific Agency or other ASU Program
(Agency/Program Name and Address, No Code Necessary)

Preferred Payment Method: Please choose A, B, or C

**A. Recurring Payroll Deduction:** I want to contribute the following amount each pay period:

- $100  
- $50  
- $25  
- $10  
- Other $_______

Total Gift $__________

[ ] ASU Leadership Society ($1000 or more annually - $39+/paycheck for 26 pay periods) $__________ Annually

[ ] ASU Maroon & Gold Club ($500–$999 annually - $20–$38/paycheck for 26 pay periods) $__________ Annually

**B. One-Time Gift** (Credit card will be charged at the end of the campaign):

- [ ] VISA
- [ ] MC
- [ ] DISC
- [ ] AMEX

Acct No. ____________________ Expiration ____________________ AMT $ ______
Billing Add. ____________________ City & Zip ____________________

*$15.00 minimum credit card charge.

**C. Cash/Check** (Check payable to Valley of the Sun United Way):

- Check No. ____________________ AMT $ ______

Your Signature/Date to Authorize Pledge and Payment

Signature ____________________ Date ____________________

Required for payroll deduction and credit card authorization.

Thank you for investing in United Way

Questions/Comments? Please call (480) 965-0033. Please return completed form no later than November 26, 2018

All information will remain confidential. Please return your completed form to Mail Code 1304.
unitedway.asu.edu / vsuw.org