

Together, Valley of the Sun United Way and Arizona State University Sun Devils are partnering with nonprofits and schools to meet increased and ever-changing community needs. Your support addresses health and food access, housing and homelessness, education and workforce development.

Step 1: Complete personal information (please print)

Last Name

First Name

ASURite ID ASU Affiliate ID# (10-digit)

- No donation at this time
- I am a Loyal Contributor (10+ years)
- I am interested in Generation United
- I am interested in learning more about VSUW WOMEN UNITED

Step 2: Choose how you want to improve our community

A Force for Mighty Change Fund

Please apply my gift where the need is greatest to address current and emerging needs. \$ _____

Arizona Charitable Tax – Helping the Working Poor Fund..... \$ _____

Education..... \$ _____

Workforce Development... \$ _____

Housing and Homelessness..\$ _____

Health and Food Access..... \$ _____

Total \$ _____

ASU in Our Community

Gifts to ASU programs will count toward this calendar year's campaign.

ASU Foundation..... \$ _____

ASU Prep Academy..... \$ _____

ASU Promise Scholarships.. \$ _____

ASU Staff Council..... \$ _____

Other ASU Programs: _____ \$ _____

_____ \$ _____

_____ \$ _____

Total \$ _____

More Options

Mesa United Way, please visit mesaunitedway.org for a list of focus areas:

_____ \$ _____

Another agency, please include name and address:

_____ \$ _____

_____ \$ _____

Total \$ _____

501 (C)(3) Health and Human Service Agencies Only

Step 3: Choose recurring payroll deductions or one-time gift

Recurring payroll deduction

Choose one of the following three options

ASU Leadership Society
\$1000+ annually
Total annual contribution\$ _____

Maroon and Gold club
\$500-\$999 annually
Total annual contribution\$ _____

Other
\$100 | \$50 | \$25 | \$10 | \$5 | other, min. \$1
Total annual contribution\$ _____

One-time gift

Choose one of the following three options

Credit card
 VISA MasterCard Discover American Express
 One-time contribution, min. \$15\$ _____
 Card No. _____ Exp. _____ Sec. Code _____
 Billing Address _____
 City _____ Zip Code _____
 Signature _____ Date _____

Cash
Amount \$ _____

Check
Amount \$ _____
Check No. _____

Thank you for investing in United Way

Please return the completed form and direct any inquiries to the [ASU United Way campaign](#). All information will remain confidential.