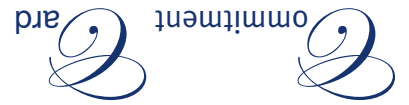




UNITED WAY TOCCOUEVILLE SOCIETY of UNITED WAY of DELAWARE



To make the most powerful and meaningful investment in our community,
please consider donating your gift to the Community Impact Fund.

Your gift supports highly effective programs focused on strengthening and
empowering lives throughout Delaware.

Thank you.

La Table Ronde d'Un Million de Dollars\$1 Million or more
La Société Nationale\$249,999 - \$100,000
Membres de la Fraternité\$99,999 - \$75,000
Ordre d'Egalité\$74,999 - \$50,000
Ordre de Liberté\$49,999 - \$25,000
Membres de la Société\$24,999 - \$10,000

GIFT RANGE

MEMBERSHIP LEVELS

If applicable, please also complete a pledge form at your place of employment.

Name(s) _____ (Preferred name(s) for inclusion in recognition or acknowledgements.)

Organization _____ Title _____

Home Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Home E-mail _____ Fax _____

Signature _____ Date _____

- Check here if you prefer to remain anonymous. (You will not be listed in United Way's Tocqueville Society local and national directories.)
- Check here if you'd like to be recognized as a member of the Young Tocqueville Society (for those 45 and under).

GIVING PREFERENCES

I pledge a gift of \$_____ understanding that my payment need not be fulfilled until December 31 of next year.

Please increase my pledge by _____% over last year.

- GIVE DIRECTLY TO UNITED WAY OF DELAWARE**
Contributions go where it's needed most to help our mission of advancing the common good.
- Yes, I would like to give \$_____ or _____% of my gift to United Way of Delaware

CHOOSE ANY OR ALL OF UWD'S COMMUNITY IMPACT INITIATIVES:

EARLY EDUCATION SUCCESS

Providing academic support to ensure reading proficiency by 3rd grade and a foundation for success.
Amount \$_____

COLLEGE AND CAREER READINESS

Help our young adults acquire and develop positive, personal assets for career pathways and reliable employment.
Amount \$_____

FINANCIAL STABILITY

Connecting individuals and families to opportunities to secure economic stability and a roadmap for financial empowerment.
Amount \$_____

I would like to designate \$_____ or _____% of my gift to the following agency(ies): _____

PERSONAL GIVING FUND

I would like to open or continue my Personal Giving Fund account. I understand that all funds from my PGF account must be disbursed by March 31, 2018. Any funds remaining at that time will be invested in the Community Impact Fund. I understand that there is a \$400 administrative fee for PGF accounts.

MATCHING GIFT PROGRAM

(I am in the ____ year of my matching gift commitment.)
By participating in the Matching Gift Program, I pledge to increase my/our leadership level gift annually to reach United Way of Delaware's Tocqueville Society level of \$10,000. I will be recognized as a Tocqueville Society member each year as my gift is matched.

- United Way of Delaware Matching Gift Program
 Corporate Match

METHOD OF PAYMENT

- Payment Enclosed Payroll Deduction
 Please Bill Me Quarterly Stock or Securities
 Credit Card
 Visa Master Card Amex Discover

Card # _____ Exp. Date _____

Signature _____ Date _____

**PLEASE REMEMBER UNITED WAY OF DELAWARE
IN YOUR WILL OR ESTATE PLAN.**

Thank you.

No goods or services were given in exchange for this contribution.
A nominal administrative fee will be deducted from your gift.