

TOGETHER WE CAN

OUR MISSION is to improve lives
by mobilizing the caring power of our community.

We do this each day by connecting people to people, needs to resources, and experts to advocates to improve lives and advance the common good throughout Crow Wing, Aitkin, and Cass Counties. **We make this mission a reality by investing in the areas of Education, Basic Needs and Health** because we believe these are the building blocks for opportunity - individually and collectively - and those building blocks lead to a good life.

With the Lakes Area United Way, your dollars stay right in our local community helping to mobilize our friends and neighbors to improve lives. Our partner agencies serve those in need by providing meals to the hungry, shelter to the homeless, and the basic needs families require to simply get by. **When we reach out a hand to one, we influence the condition of all.**



Lakes Area United Way

**GIVE. WHERE.
YOU. LIVE.**

Lakes Area United Way proudly serves Crow Wing, Cass and Aitkin Counties

Mission: To improve lives by mobilizing the caring power of our community.

Credo: Together we can do more than any one of us can do alone.



Please fill out this form and return it to your employer:

Company Name: _____

First, Last Name: _____

Home Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Cell Phone: _____

____ I am interested in learning more about donation and volunteer opportunities and fundraising events, please add me to your mailing list.

Please Select Payroll Deduction or a Direct Gift:

Easy Payroll Deduction:

- Option A:** I want to contribute the following amount each pay period:
 \$4 \$6 \$12 \$25 Other: _____
- Option B:** I want to pledge _____% of my salary.
- Option C:** I want to pledge \$_____ as my total gift.

Direct Gift:

- I want to gift the following amount: \$_____
- Payment Method: Cash Check PayPal

Gifts of \$500 or more will be recognized in our Annual Report:

____ (Initial Here) I give permission to use my personal donation information so I receive acknowledgment for my gift.
(Name will be listed as it appears above.)

____ I prefer that my gift remain anonymous.

- Unfortunately, I am not able to give at this time.

Authorized Signature: _____

**Your gift is tax deductible to the extent allowed by law.*

Scan this code to
make a one-time
or a recurring
donation on
our website:



To learn more about Lakes Area United Way visit unitedwaynow.org