

# PLEDGE FORM



- MR
- MRS
- MS
- DR

FIRST NAME \_\_\_\_\_

MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYEE ID# (for company internal use) \_\_\_\_\_

Please check if you do not want your name used in local United Way publications.

**Want to see how your contribution is making a difference?** Please provide your preferred email address so we may acknowledge receipt of your gift and share how your contribution is making an impact in your community.

EMAIL ADDRESS \_\_\_\_\_

## PLEASE SELECT PAYROLL DEDUCTION OR A ONE TIME GIFT.

### EASY PAYROLL DEDUCTION

A. I want to contribute the following amount each pay period:

- \$50  \$25  \$10  \$5  \$3

Other \$ \_\_\_\_\_

B.  3 Hours Pay Per Month \$ \_\_\_\_\_

2 Hours Pay Per Month \$ \_\_\_\_\_  
(Care Share Plus)

1 Hour Pay Per Month \$ \_\_\_\_\_  
(Care Share)

My Pay Period is:

- Weekly (52)  Every two weeks (26)  
 Twice a Month (24)  Monthly (12)  
 Other \_\_\_\_\_

### ONE TIME GIFT

Amount \$ \_\_\_\_\_

One time gift to be paid by:

- Cash  
 Personal check (enclosed)  
 Please bill my contribution (\$100 minimum)  
 Semi-annually  
 Quarterly  
 One time on \_\_\_/\_\_\_/\_\_\_

### MY TOTAL ANNUAL GIFT

Amount \$ \_\_\_\_\_

### LEADERSHIP CIRCLE

*My gift of \$1000 or more qualifies me for membership in the Leadership Circle.*

Please list my/our name(s) as follows:

.....  
.....  
.....

I prefer that my gift remain anonymous.

## PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

Check one to send your gift to a specific county:  Allen  Barren  Butler  Edmonson  Hart  Logan  Metcalfe  Monroe  Simpson  Warren

Choose Option A or Option B (choose only one)

Option A \_\_\_\_\_

### INFLUENCE THE CONDITION OF ALL. United Way Community Impact Fund.

The most powerful way to invest your contribution. Your gift will support programs in Education, Income, Health and Safety Net.

Option B \_\_\_\_\_

**EDUCATION** Prepare children, youth and young adults to succeed in school and life (cradle to career).

**INCOME** People have the appropriate skills to maintain a living wage employment.

**HEALTH** Increase access to quality, affordable health and crisis intervention services.

**SAFETY NET** Basic needs are met in a timely manner through a coordinated system of resources.

AMOUNT \$ \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.