

## **CAMPAIGN PLEDGE FORM**

Step 1 Your Information		
PREFIX: □ Dr. □ Ms. □ Mrs. □ Mr.		THANK YOU!
FIRST NAME	MI	We'd like to recognize you in our publications.
LAST NAME	SUFFIX	Please tell us how you'd like your name to appear:
HOME ADDRESS	APT. #	I wish to remain anonymous in publications.
CITY STATE	ZIP	United Way Leadership donors are individuals or couples who annually donate \$1,000 or
PREFERRED PHONE		more through the United Way Campaign. Through their generosity, Leadership donors demonstrate a true commitment to creating
PREFERRED EMAIL ADDRESS		positive impact and lasting change in the lives of children and families.
Cton 2 Vous Cift		
Step 2 Your Gift		
Payment options  1	■ PAYROLL DEDUCTION (Per F  AMOUNT PER PAYCHECK  \$1000 \$250 \$100  \$50 \$25 \$10  Other \$	# OF PAY PERIODS  X  =  S
Optional Your Impact		
<ul> <li>■ Most Impact: Support all of United Way's programs, agencies, and impact we</li> <li>I want to support a specific United Way agency, program or impact area:</li> </ul>	ork \$ S	
□ Another Community Agency □ I wish to remain anonymous to the agency Would you like to designate funds to 501(c)(3) community agency?  Note: A minimum gift of \$50 is required to give directly to an agency	\$	Total here should match TOTAL ANNUAL GIFT from above
AGENCY NAME, ADDRESS		
Step 3 Your Signature		
SIGNATURE	DATI	E

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.

## THANK YOU FOR SUPPORTING YOUR UNITED WAY



