

## UNITED WAY PLEDGE FORM - 2009 Campaign (please print)

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME
HOME ADDRESS (For credit card charges, address listed must be your billing address)			CITY
STATE	ZIP	HOME / CELL PHONE	WORK PHONE
COMPANY NAME / STORE / BRANCH LOCATION			BIRTHDATE
			EMPLOYEE ID NUMBER

Out of respect for your privacy, all information is strictly confidential.

**Want to stay connected with United Way?** Please provide your home email address so we can show you how your contribution is making a difference and providing opportunities to give, advocate and volunteer all year long.

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

### PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT

I wish to invest the following amount...

Payroll Deduction

Please deduct the following amount:

- \_\_\_\_\_ (per pay period) I am paid \_\_\_\_\_ times/yr
- \_\_\_\_\_ (specified #)
- \_\_\_\_\_ Paid Time Off (if company allows) = \$ \_\_\_\_\_

Credit Card

- Visa     MasterCard     AmEx
- One time     Monthly     Quarterly
- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_
- Begin charge on (date): \_\_\_\_\_ / \_\_\_\_\_

Cash / Personal Check

Bill Me (at home)

ACH Debit (send me a form)

**Total Gift**

\$ \_\_\_\_\_

  X    
Signature (regardless of payment type) \_\_\_\_\_ Date \_\_\_\_\_

### HOW SHOULD WE RECOGNIZE YOUR GIFT?

- Do not mail me a gift acknowledgement
- Save a stamp--call me at (\_\_\_\_) \_\_\_\_\_
- I wish my gift to remain anonymous (do not list my name in United Way publications)
- I have been contributing to United Way for \_\_\_\_\_ years.
- My Gift of \$500 or more qualifies me for membership in the Summit Society. Please acknowledge my gift in publications and thank yous as follows:
  - as listed above
  - combined gift: \_\_\_\_\_  
workplace: \_\_\_\_\_

#### Summit Society

Pacific Range Society	\$5,000 +
Mary's Peak Society	\$2,500 - \$4,999
Pioneer Butte Society	\$1,000 - \$2,499
Wagon Wheel Hill Society	\$500 - \$999



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

Direct my gift to:  Benton County \$ \_\_\_\_\_  Lincoln County \$ \_\_\_\_\_

*Option A*

INFLUENCE THE CONDITION OF ALL Community Action Fund. \$ \_\_\_\_\_

The most powerful way to invest your contribution. Community volunteers allocate funds to ensure your gift meets the greatest needs.

*Option B*

- EDUCATION Helping children and youth achieve their potential \$ \_\_\_\_\_
- INCOME Helping families become financially stable and independent \$ \_\_\_\_\_
- HEALTH Improving people's health \$ \_\_\_\_\_
- FAMILY FUND Helping agencies meet one-time, emergency needs \$ \_\_\_\_\_

*Option C*

Donor Designated Contribution: Amount: \$ \_\_\_\_\_

Agency name and address: \_\_\_\_\_

NOTE: \$50 minimum per designation. Eligible agencies must be a nonprofit 501(c)(3) organization. If a designation is received for a non-eligible agency, the donation will be distributed under Option A above.

Please forward my name to organization(s) where I have directed my gift for recognition.

printing courtesy of:



A United Way  
Community Partner

white: payroll | yellow: United Way | pink: donor

Thank you for contributing through the United Way campaign! No goods or services were provided in exchange. Keep a copy of this form for your tax records. You'll 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.