

United Way Pledge Form

Thank you for supporting our community!



Step 1: My Information

MR/MRS/MS/DR FIRST NAME MIDDLE INITIAL LAST NAME (_____) HOME PHONE

HOME ADDRESS CITY STATE ZIP

EMPLOYER EMAIL

My Age: 18-22 23-29 30-33 34-39 40-45 46-49 50-59 60-65 66+ Please check box if you are retiring in the next 12 months

My contribution is in combination with another donor: _____ DONOR'S NAME EMPLOYER

Step 2: My Gift

MY TOTAL GIFT = \$ _____

PLEASE SELECT PAYROLL DEDUCTION OR DIRECT GIFT

EASY PAYROLL DEDUCTION

I want to contribute the following amount each pay period: \$ _____

- Weekly (52) Every two weeks (26) Twice a month (24) One Time (1)

DIRECT GIFT

Gift to be paid by:

- CASH** (attach to your pledge form)
 CHECK (attach check made payable to Heart of West Michigan United Way) Check No: _____
 BILL ME (quarterly at my home address beginning January, minimum \$50 total gift)
 CREDIT CARD/DEBIT ACCOUNT (minimum \$50 total gift) For your security, two options are available for providing your credit/debit information to us.

1. You may complete your donation on line by entering your credit/debit information on our secure site: <http://www.hwmuw.org/Give.php> *click on Donate Now

2. You may complete the information below:

- American Express Visa MasterCard Discover
 Charge once (specify when you wish to be charged): _____/_____/____ or Charge quarterly
 Credit Card No: _____ Expiration Date: _____/_____/____

- SECURITIES/STOCK** (United Way will mail Securities Contribution Form)

Be a Leader in your Community LEADERSHIP GIVING LEVELS

Circle of Friends	
Bronze Circle	\$500
Silver Circle	\$1,000
Gold Circle	\$3,000
Platinum Circle	\$5,000
Tocqueville Society	\$10,000

For more information: leadershipgiving@hwmuw.org

Step 3: My Choice

Option A **UNITED WAY'S COMMUNITY INVESTMENT FUND** The most powerful way to invest your contribution. AMOUNT \$ _____

Option B **EDUCATION** Building successful youth. **INCOME** Increasing self-sufficiency. **HEALTH** Creating a healthier community.
 AMOUNT \$ _____ AMOUNT \$ _____ AMOUNT \$ _____

Other options:

- I choose to designate my gift to a specific health and human service agency: A minimum designation of \$50 per agency is required to keep administrative costs low. Designated agency must be registered as a non-profit health and human service agency with 501(c)(3) tax status. As with all United Way contributions, the cost of administration, raising and distributing funds is deducted.

AGENCY NAME AGENCY CITY \$ AMOUNT

- I wish to EXCLUDE the following United Way funded agency from my Community Investment Fund gift: _____

Step 4: My Signature

SIGNATURE X _____ DATE _____

Thank you for your contribution to 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. If you contribute through payroll deduction, you will also need a copy of your pay stub, W-2 or other employee documents showing the amount withheld and paid to us. If you do not contribute through payroll deduction, a separate tax receipt will be sent to you. Please consult your tax advisor for more information.