

# EMPLOYEE PLEDGE FORM

## INVEST IN YOUR COMMUNITY TODAY!



United Way of Northwest Michigan

FIRST NAME M.I. LAST NAME

HOME ADDRESS CITY STATE ZIP

PHONE BIRTHDATE (MM/DD/YYYY)

### Want to see how your contribution is making a difference?

Please provide your email address so we can show you how your gift is making a difference and provide opportunities to give, advocate, and volunteer all year long.

EMAIL ADDRESS

My preferred contact method is:  Phone Call  Text  Email *United Way will not share or sell your information.*

*I'm retiring this year. Please keep in touch.*

### PLEASE SELECT PAYROLL DEDUCTION OR AN ALTERNATIVE PAYMENT METHOD.

#### PAYROLL DEDUCTION

TOTAL ANNUAL GIFT \$

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

\$50  \$25  \$10  \$5

Other \$

B. I want to make a one-time payroll deduction gift of:

\$

#### ALTERNATE PAYMENT

TOTAL AMOUNT \$

Direct gift to be paid by:

Cash or Check (enclosed)

Securities

Credit Card

Credit Card Number

Expiration Date

CVC

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

option A

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

The most powerful way to invest your contribution, through education, financial stability, and health, the building blocks for life success.

AMOUNT \$

option B

#### FOCUS YOUR DONATION.

Financial Stability

Basic needs including housing, food, utilities, giving everyone the chance to thrive.

AMOUNT \$

Education

That all in our community are supported cradle to career.

AMOUNT \$

Health

Supporting healthy lifestyles so your zip code does not determine your quality of life.

AMOUNT \$

option C

Designated Contribution

AMOUNT \$

PARTNER AGENCY OR OTHER 501(C)3 ORGANIZATION NAME AND ADDRESS:

Signature

Date

Please check the accuracy of all your entries.

#### Donor Designation Policy

We will make every effort to contact you if any agency you choose is not eligible, or if your information is incomplete or illegible. If we're unable, your funds will be directed to the Community Action Fund. Please note, all designations must be a minimum amount of \$104 annually.

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 paystub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.