# GIVE. ADVOCATE. VOLUNTEER.
# United Way of Ross County Pledge Form

LIVE UNITED

MR/MRS/MS/DR | FIRST NAME | MI | LAST NAME

STREET ADDRESS (For credit card charges, address listed must be your billing address

STATE | ZIP | HOME PHONE | DAYTIME PHONE

COMPANY NAME | EMPLOYEE NUMBER (IF APPLICABLE)

HOME EMAIL ADDRESS

## PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT:

**1. EASY PAYROLL DEDUCTION (My total annual gift withheld)** **AMOUNT $**_____

I want to contribute the following amount each pay period: ☐ $50 ☐ $25 ☐ $10 ☐ $5

☐ Other $____ per pay x 123 pay periods = $_____TOTAL One-time payroll deduction of $_____

**2. DIRECT GIFT** **AMOUNT $**_____

Direct gift to be paid by: ☐ Cash (enclosed) ☐ Personal check payable to United Way (enclosed)

☐ Debit/Credit Card (Visa, Mastercard, Discover or American Express)

Card #_____ Expiration Date __/__

**MY GIFT OF $500 OR MORE qualifies me for membership in the Leadership Circle.** **AMOUNT $**_____

(Leadership Circle: Platinum $5000+; Gold $2,500 - $4,999; Silver $1,000 - $2,499; Bronze $500 - $999.)

My name will be listed as it appears above.

☐ Or, please list my/our name(s) as follows: _____

☐ I prefer that my gift remain anonymous. ☐ I have been contributing to United Way since_____.

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

**INFLUENCE THE CONDITION OF ALL.** United Way Community Fund.

The most powerful way to invest your contribution. Experienced community volunteers will allocate funds to ensure your gift will meet the greatest needs. **AMOUNT $**_____ **OR %** _____

☐ **EDUCATION.** Helping children and youth achieve their potential. **AMOUNT $**_____ **OR %**_____

☐ **INCOME.** Promoting financial stability and independence. **AMOUNT $**_____ **OR %**_____

☐ **HEALTH.** Improving people's health. **AMOUNT $**_____ **OR %**_____

NOTE: Designations to other United Ways are subject to a minimal processing and fundraising fee. No goods or services are provided in exchange for this contribution. Please keep a copy of this form for your tax records. You also will need a copy of your pay stub, W-2, or other employer document showing the amount withheld and paid to United Way. Consult your tax advisor for more information.