CLEAR THIS FORM

MY COMMUNITY PLEDGE

UNITED WAY
Southeastern Idaho

STEP 1 TELL US ABOUT YOURSELF

EMAIL ADDRESS

EMPLOYER

PREFIX | FIRST NAME | M.I. | LAST NAME

PERSONAL MAILING ADDRESS

CITY | STATE | ZIP CODE

STEP 2 MAKE YOUR CONTRIBUTION

PAYROLL DEDUCTION

- $100
- $50
- $30
- $20
- $10
- $5
- CUSTOM
  - AMOUNT
  - x PAY PERIODS PER YEAR
  - $ 0.00 TOTAL ANNUAL DONATION

OR

ONE-TIME CONTRIBUTION

I HAVE ATTACHED
- CASH
- CHECK

CHECK NUMBER *(if applicable)*

AMOUNT

DATE / /

OR

CHARGE MY DEBIT /CREDIT CARD

FREQUENCY
- ONE TIME
- MONTHLY
- QUARTERLY
- ANNUALLY

CREDIT/DEBIT CARD NUMBER

EXPIRATION DATE / / | ZIP CODE | CCV

SIGNATURE (REQUIRED TO PROCESS PLEDGE)

X

DATE / /

- I prefer to remain anonymous.
- Contact me about making a planned gift.
- YES, sign me up for the e-newsletter to show how my donation is getting results.

STEP 3 OPTIONAL: I WOULD LIKE MY GIFT TO SUPPORT...

THE AREA OF GREATEST NEED
$

OR

- HEALTH $
- HOUSING STABILITY $
- YOUTH SUPPORT $
- FOOD SECURITY $

I WOULD LIKE A SPECIFIC NONPROFIT AGENCY TO RECEIVE MY GIFT (OPTIONAL):

Nonprofit Name

Nonprofit EIN

Nonprofit Address

$

Please include: Agency Name, Address, and EIN if applicable. Minimum of $150 per designated 501(C)3 agency.

OPT IN LEGACY OF LEADERSHIP

- I'M GIVING AN INDIVIDUAL OR COMBINED HOUSEHOLD GIFT OF $500 OR MORE

AMOUNT
- TRAILBLAZER ($5,000)
- PACESETTER ($2,500)
- CHANGEMAKER ($1,000)
- LEADERSHIP ($500)

- PLEASE LIST ME/US IN THE MEMBERSHIP DIRECTORY AS:

Name / Workplace Affiliation

- I HAVE SUPPORTED U.W. FOR ___ CONSECUTIVE YEARS