

Pledge Investment



MY INFORMATION

Your personal information is confidential. We never rent, trade, or sell our donor's information.

Mr. / Mrs. / Ms. / Dr. First Name _____ MI _____ Last Name _____

Home Address _____ ZIP _____

For credit card charges, address listed must be your billing address

Cell Phone _____ Home Phone _____

Email _____

Personal

Business

Company Name _____

Birthday ____/____/____ I've been contributing to United Way since _____. I'm a member of a Union _____

List Name

ADDITIONAL INTERESTS

- I'm between 23-36 years old and want to learn more about Emerging Philanthropists
- I'm retiring soon and want to continue to invest in United Way of Pierce County
- I'd like to explore including United Way in my will and estate planning
- Keep me informed about volunteer opportunities

DONATION

I want to make an investment to help lift 15,000 households out of poverty and into self-sufficiency by 2028, one family at a time.

Please select how you would like your gift invested in the community.

BASIC NEEDS: A SOLID FOUNDATION GIFT \$ _____
I am connecting Pierce County families to basic needs such as food, clothing and shelter so they can move out of crisis.

2-1-1: BREAKING DOWN BARRIERS GIFT \$ _____
I am supporting 2-1-1 to connect local families to critical resources and navigation services such as behavioral health, housing, transportation and employment.

STRONG FAMILIES: ACHIEVING FINANCIAL STABILITY GIFT \$ _____
I am ensuring that families become financially stable and can thrive by supporting free and personalized financial, employment and educational coaching.

I would like to make an additional gift and designate to another nonprofit 501(c)(3) GIFT \$ _____
I am providing the name and address, including ZIP code. I understand that a processing fee will be applied toward this gift. minimum \$25

Nonprofit Name _____

Address _____ ZIP Code _____

MY TOTAL ANNUAL GIFTS \$ _____

PAYMENT OPTIONS

Cash \$ _____ **Check** # _____ \$ Amount _____

Credit Card \$ _____ Please circle one: One Time Monthly Quarterly

Please Circle one: VISA MASTERCARD AMEX DISCOVER

Card Number _____ Exp Date (MM/YYYY) _____

Billings Start Date (MM/YYYY) _____

Payroll Deduction I want to contribute the following amount each pay period:
\$ _____ X 24 pay periods per year = \$ _____ Total Payroll Deduction Pledge

I want to become a LEADERSHIP DONOR with a gift of \$1,000 or more (\$20 a week)

Preferred Name for Recognition _____ I'd prefer to remain anonymous

SIGNATURE _____ **DATE** _____

Thank you for your contribution to United Way of Pierce County. 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 pay stub, W-2 or other employer document showing the amount withheld if you give through payroll deduction. Consult your tax advisor for more information. To find a list of current community/funded partners visit www.uwpc.org/community-partners