

# 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 \_\_\_\_\_

Preferred Name for Recognition \_\_\_\_\_  I'd prefer to remain anonymous

Company Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_  
Personal Business

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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 the Emerging Philanthropists Project
- 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 by 2028, one family at a time.**

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

**STABLE INDIVIDUALS: BASIC NEEDS AND BEYOND** GIFT \$ \_\_\_\_\_

I want to help move people out of crisis and into self-sufficiency. South Sound 2-1-1 connects people to basic needs as well as critical programs and services that help stabilize them.

**STRONG FAMILIES: IMPROVING THE FINANCIAL BOTTOM LINE** GIFT \$ \_\_\_\_\_

I want to help get more families on the road to self-sufficiency. Personalized career and financial coaching as well as resources provide the tools families need to thrive and break the cycle of poverty.

**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** # \_\_\_\_\_

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

Please Circle one: VISA MASTERCARD AMEX DISCOVER

Card Number \_\_\_\_\_ Exp Date (MM/YYYY) \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Billing Start Date (MM/YYYY) \_\_\_\_\_

**Payroll Deduction** I want to contribute the following amount each pay period:

\$ \_\_\_\_\_ X \_\_\_\_\_ (pay periods per year) = \$ \_\_\_\_\_ Total Payroll Deduction Pledge

**I want to be a LEADER IN CHANGE!** Become a Leadership Giver with a gift of \$1,000 or more (\$20 a week)

**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](http://www.uwpc.org/community-partners)