

UNITED WAY OF GREATER LAFAYETTE PLEDGE CARD

Company Name: _____

Please make copies as needed for your payroll department

DONOR INFORMATION

Prefix _____ First _____ M.I. _____ Last _____ Suffix _____

Home Address _____ City _____ State _____ ZIP _____

Preferred Phone _____ Work Home Cell Birthdate _____ / _____
mm yy

Preferred e-mail _____

**Select preferred affiliation (check all that apply)* EMERGING LEADERS (40 & Under) WOMEN UNITED RETIRE UNITED

*United Way of Greater Lafayette respects your privacy. Your information is only used to provide receipts, keep you up to date on the impact of your gift, and share other opportunities to stay involved throughout the year.

GIFT AND PAYMENT INFORMATION

OPTION A
Payroll Deductions:
CONTRIBUTE: \$ _____ X
Pay Periods:
= TOTAL GIFT \$ _____

OPTION B
Bill Me (\$50 min gift):
CONTRIBUTE: \$ _____
 Quarterly Monthly Once In _____ / _____
mm yy

OPTION C
One Time Gift:
CONTRIBUTE: \$ _____
 Check # _____ Cash IRA/Donor Advised Charitable Contribution

OPTION D
Online Giving:
CONTRIBUTE: \$ _____
..... Give by Credit Card @ uwlafayette.org/donate

Contact us about Planned Giving 765-742-9077 ext. 230

LEADERSHIP GIFTS

Please consider giving at the Vanguard level of \$1,000 or more. If your spouse/partner gives separately, you may combine your gifts for recognition at this level. Your generosity will be recognized in the Vanguard Directory, at special thank you events and with regular communication.

Please recognize my gift in the Vanguard Directory. I would like my spouse's/partner's name and gift recognized with mine
Print your name below to indicate how you wish to be listed
Name: _____
Gift: \$ _____ Workplace: _____
Total Combined Gift: \$ _____

Please do not publish my/our name in recognition materials. We would like to remain anonymous.

MY AUTHORIZATION (signature required)

Signature: _____

Date: _____

YOU CAN CHANGE LIVES TODAY!

OPTIONAL (select all that apply)

I wish to support all United Way programs and agencies within the Cradle to Career Commitment with _____ % of my gift.

I wish to designate _____ % of my gift to the following programs or agencies. (\$50 minimum gift)

Please print the agency name and address below:

I would like United Way to request that the agency acknowledge my restricted gift

NOTE: Agencies receiving gift designations must meet IRS requirements for charitable gifts. Noncompliant gifts and any undesignated portions are directed to United Way of Greater Lafayette. Gifts designated to agencies unaffiliated with United Way of Greater Lafayette as a partner agency are subject to an **8% administrative fee**.

PLEASE TEAR OFF THIS SECTION AND KEEP FOR ANNUAL TAX RECORDS

DONOR RECEIPT

Name: _____
Date: _____
Total Pledge Amount: \$ _____

FOLLOW US ON:



WE LOVE HOW YOU LIVE UNITED

United Way of Greater Lafayette

1114 East State Street, Lafayette, IN 47905
Contact us: (765) 742-9077 www.uwlafayette.org

No goods or services were given in exchange for this contribution.

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