

# 2021 United Way in Montgomery County 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 \_\_\_\_\_

Send my receipts and gift updates via:  Mail at home  E-mail  Phone (Please verify the information provided above)

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

\*United Way in Montgomery County 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 C**  
One Time Gift:  
CONTRIBUTE: \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  Cash  IRA/Donor Advised Charitable Contribution

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

**OPTION D**  
Online Giving:  
CONTRIBUTE: \$ \_\_\_\_\_  
Give by Credit Card @ [uwmontgomery.org/donate](http://uwmontgomery.org/donate)

## 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Please do not publish my/our name in recognition materials.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 in Montgomery County. Gifts designated to agencies unaffiliated with United Way in Montgomery County 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: \$ \_\_\_\_\_

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

FOLLOW US ON:



221 E Main Street PO Box 247 Crawfordsville, IN 47933  
Contact us: (765) 362-5484

United Way  
in Montgomery County



an office of United Way of Greater Lafayette