LIVE UNITED United Way American Red Cross

United Way of Greater Rochester / Red Cross Campaign

UNITED WAY OF GREATER ROCHESTER

PLEDGE FORM

Although your pledge form may be preprinted, please be sure to fill in your name and address in the fields below so that United Way can properly account for and acknowledge your gift.

1 Please provide your information in the space below: *United Way does not sell, trade or rent your personal information.*

(Mr., Mrs., Ms., Dr.)

Your Name

Home Address

City _____ State _____ Zip _____ Home Phone _____

Employer _____ ☐ I belong to a Union

Personal e-mail address _____ ☐ *Please keep me up to date, through my personal e-mail, on the difference my gift is making.*

☐ I have been giving to United Way since _____ and want to join the **Loyal Donor Society.**

☐ I'd like to learn more about **volunteer** opportunities in my community.

☐ I'd like to learn more about **advocating** on legislation affecting my community.

☐ I'd like to participate in United Way surveys on issues affecting my community.

☐ My spouse/partner also gives to United Way. Please combine our gifts. Spouse's/Partner's Name _____

Spouse's/Partner's employer *(if applicable)* _____

LEADERSHIP GIVING *Please see "Leadership Giving" description on opposite page.*

My/Our leadership gift of $1,000 inducts me into the Red Feather Leadership Society and I give permission to be included in United Way's annual giving report.

☐ My/Our name should appear as it does above. ☐ I/We would like to be published as "Anonymous."

☐ Please publish my/our name as _____

I would like to join the following society/societies:

☐ Howard Wilson Coles Society ☐ Circulo Latino ☐ Young Leaders Club ☐ Women's Leadership Society

PAYMENT METHOD *Choose one.*

2 Indicate your gift amount & your payment method. Total gift amount: $ _____

☐ Payroll deduction OR

I want to contribute the following amount each pay period

☐ $ _____

My pay periods are:

☐ Weekly (52) ☐ Semimonthly (24)
☐ Biweekly (26) ☐ Monthly (12)
☐ Other (20) ☐ Other _____

☐ Credit card OR

☐ One time
☐ Monthly
☐ Quarterly

I'd like to be charged:

☐ Now
☐ Beginning on this date: _____

☐ Bill me OR

($25.00 minimum)

☐ One time
☐ Monthly
☐ Quarterly

I'd like to be billed:

☐ Now
☐ Beginning on this date: _____

☐ Give now OR

☐ Cash
☐ Check *(payable to United Way)*

☐ Direct debit

Monthly, beginning on this date: _____

(Attach voided check. Electronic debits will be applied to the first business day of the month you specify.)

Stock transfers: Notify United Way at (585) 242-6516.

For credit card payments:

Name exactly as it appears on the credit card _____

Credit card # _____ Exp. date _____

DISTRIBUTE MY GIFT *Please see "Distribute Your Gift" description on opposite page.*

3 Choose as many gift options as you'd like.

☐ **Please give $_____ to all United Way-funded initiatives so I can join with others to make a difference.** (3500)

☐ **Please give $_____ to my selected area(s) of interest:** *Your contribution will be divided equally if you donate to more than one area of interest.*

☐ **Early Childhood** (3513) ☐ **Youth** (3514) ☐ **Aging** (3515) ☐ **Crisis** (3512) ☐ **Disability** (3516) ☐ *I want to learn more about the area(s) of interest I checked.*

☐ **Please give to this organization or this United Way: $_____** _____ **ID#** _____

☐ *Please do not release my information to the organization to which I designated.*

Please print the designation name and ID# as it appears in the Donor Choice listing or at uwrochester.org/donorchoice.

$_____ _____ **ID#** _____

☐ **Please do NOT share any part of my gift with this organization:** _____ **ID#** _____

4 Please sign:

X _____

Your signature (required for all methods of payment) **Date**

United Way of Greater Rochester / www.uwrochester.org / Comments, questions or concerns? Call (585) 242-6512, or e-mail donorrep@uwrochester.org

1st COPY: EMPLOYER 2nd COPY (YELLOW): UNITED WAY 3rd COPY (PINK): YOURS