

# GENERATIONS OF IMPACT.

We have learned a few things in our first century serving this community, and one of the most important is that we always get more done and with greater impact when we **work together with others**. Your financial partnership can help individuals in Allen County break generational cycles and help to make a decades long impact right here in our community.

We believe **UNITED** we can all boldly impact critical community issues.  
**JOIN UNITED WAY AS WE MOVE INTO A NEW GENERATION OF IMPACT.**

## UNITED WAY OF ALLEN COUNTY PLEDGE FORM

### 1. MY INFORMATION

---

MR/MRS/MS/DR

FIRST NAME

LAST NAME

---

MR/MRS/MS/DR

SPOUSE'S FIRST NAME

SPOUSE'S LAST NAME

---

NON-WORK EMAIL

---

HOME ADDRESS

---

CITY, STATE, ZIP

---

PHONE:    HOME        WORK        CELL

---

EMPLOYER NAME

I WILL BE RETIRING THIS YEAR

**Please finish filling out the form on the back side.**

334 E BERRY ST | FORT WAYNE, IN 46802  
P: 260.422.4776 | F: 260.422.4782  
[www.unitedwayallencounty.org](http://www.unitedwayallencounty.org)



## 2. MY PLEDGE to the community fund, the most powerful way to make an impact.

**Easy payroll deduction:** Please circle what you would like to contribute the following per pay period

**\$50**                      **\$40**                      **\$25**                      **\$10**                      **Other: \$**

**My pay periods are:** Please circle which pay period applies to you

Weekly (52/year)                      Every two weeks (26/year)                      Twice a month (24/year)  
Monthly (12/year)                      Other

**Cash (enclosed) \$** \_\_\_\_\_ **Check (enclosed) Check #:** \_\_\_\_\_

**Stock Transfer:** more information found on our website at [www.unitedwayallencounty.org/donate](http://www.unitedwayallencounty.org/donate)

### Credit Card (Visa/MC/AmEx/Discover)

Charge my credit card \$ \_\_\_\_\_ on the 25th of every month.

Charge my credit card a one time gift of \$ \_\_\_\_\_.

CC#: \_\_\_\_\_

**\$50 minimum, include billing address on reverse side.**

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**MY TOTAL ANNUAL GIFT IS:**

## 3. PLEASE SIGN HERE to authorize your pledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. MY PREFERENCES please check all that apply.

- Please contact me with information to remember United Way of Allen County in my Estate Plan.
- I remembered United Way of Allen County in my Estate Plan.
- Please contact me with information on how to become a Women United Member.
- Please contact me with information on how to volunteer with United Way of Allen County.
- Please contact me with information on how to join United Way of Allen County in advocacy efforts.
- I am an active member of organized labor. I belong to \_\_\_\_\_ (Local Union Name & #)

## 5. DESIGNATION OPTIONS these are not required.

Designate my gift to the United Way of \_\_\_\_\_ (Min. \$50 pledge each)

Designate \$ \_\_\_\_\_ of my gift to the following United Way of Allen County Initiative (s)  
\_\_\_\_\_ (Min. \$50 pledge each)

(Priority Initiatives: Educational Opportunities, Food Security, Housing Stability, Mental Health Access)

For a complete list of United Way of Allen County Initiatives please visit: <https://www.unitedwayallencounty.org/resource-center/faqs/>

**No goods or services were provided in exchange for this donation. In order to protect your privacy, United Way of Allen County will not release your name or information to other parties unless otherwise authorized.**