

#CommunityChampion
Our community needs *you*.

One of the most important things we've learning while serving our community 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 graduate, attain financial stability, and live long, healthy lives.

We believe **UNITED** we can all boldly impact critical community issues.

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

EMPLOYEE NUMBER

I WILL BE RETIRING THIS YEAR

Please finish filling out the form on the back side.

347 W. BERRY STREET, SUITE 300 | FORT WAYNE, IN 46802
P: 260.422.4776 | F: 260.422.4782
www.unitedwayallencounty.org



United Way of Allen County

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

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 INTERESTS please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Advocacy Opportunities | <input type="checkbox"/> Food Security | <input type="checkbox"/> Mental Health Access |
| <input type="checkbox"/> Day of Caring | <input type="checkbox"/> Free Tax Preparation (VITA) | <input type="checkbox"/> Persistence Pays Off |
| <input type="checkbox"/> Educational Opportunities | <input type="checkbox"/> Housing Stability | <input type="checkbox"/> Retiree Giving |
| <input type="checkbox"/> Estate Planning Information | <input type="checkbox"/> Kindergarten Countdown | <input type="checkbox"/> Volunteer Kit Builds |

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.