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|--------------------|---|----------------------|---|
| (Mr./Mrs./Ms./Dr.) | First Name | MI | Last Name |
| Home Address | | City | State Zip |
| Phone | <input type="checkbox"/> home <input type="checkbox"/> mobile | Email | <input type="checkbox"/> home <input type="checkbox"/> work |
| Employer | | Birthdate (MM/DD/YY) | |

I want to:

- | | | |
|--|----------|---|
| <input type="checkbox"/> Become a Community Builder | \$ _____ | <input type="checkbox"/> Support 211 |
| <input type="checkbox"/> Stand up for Equality | \$ _____ | <input type="checkbox"/> Become an Everyday Hero (\$365 min.) |
| <input type="checkbox"/> Support John Caswell Fund For Literacy | \$ _____ | <input type="checkbox"/> Join Leadership Circle (\$1,000 min.) |

TOTAL PLEDGE: \$ _____

PAYMENT

Payroll Contribution (workplace only)

(_____ X _____) Employee ID _____
 # of pay periods Installment

Please retain a copy of this form and pay stubs for tax purposes.

Cash/Check (checks payable to **UWMI**, FOR SECURITY REASONS PLEASE DO NOT SEND CASH THROUGH THE MAIL)

Credit Card American Express Discover Mastercard Visa

Account # _____ 3- or 4-Digit Security Code _____ Exp. Date _____

Charge my card: One time Semi-annually Quarterly Monthly Start Date: _____

Bill Me (please indicate address above)

First billing date (MM/YY): _____ One time Semi-annually Quarterly Monthly

Forward a portion or my entire gift to: (optional)

\$ _____ to: _____

\$ _____ to: _____

Minimum \$50 donation per organization. Any organization you select must have IRS Tax Exempt 501 (c)(3) status, and have health or human services as its primary mission. United Way will process all gifts and forward them to eligible agencies as specified by the donor with a 14% charge (not to exceed \$250 per donor) to cover supporting costs related to the campaign. If a non-qualifying agency is designated, or less than \$50 is gifted, United Way will redirect these funds to the Community Building Fund.

RECOGNITION

I want to be recognized solely, and/or with my spouse/partner.

Spouse Name _____ Spouse Employer _____

I/we wish to remain anonymous. (Names will not be published.)

I/we have been giving to United Way (in any region) for 10 or more years. Year started: _____

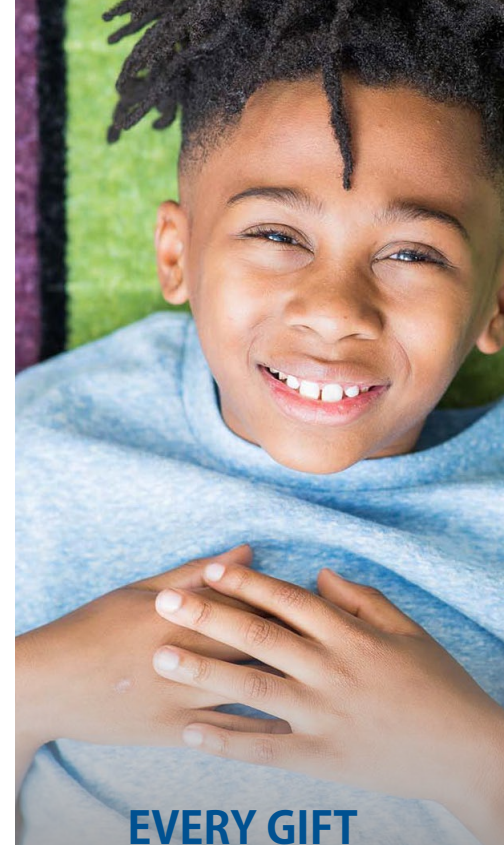
PLANNING FOR THE FUTURE

I am already retired. I plan to retire next year on: _____

I/we have included United Way in my/our estate plans.

Signature _____ Date _____

Once submitted, our Resource Development team will receive and process your gift. Thank you!



**EVERY GIFT
COUNTS**

**BUILD YOUR
COMMUNITY**

Our community needs us more than ever. Donate to the Community Building Fund to help your neighbors recover and rebuild.

**BECOME AN
EVERYDAY HERO**

Become an Everyday Hero by giving \$1 a day, or \$365 a year, to provide critical services such as food and housing.

**STAND UP FOR
EQUALITY**

Support the resolution of systemic racism in order to create an inclusive region for **ALL PEOPLE** in Montcalm and Ionia Counties

