



# Make It Happen

## - Pledge Form -

**MY INFORMATION**

*(United Way keeps your personal information, including email address, confidential and does not share it with a third party)*

Name (First, MI, Last) \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**MY PLEDGE/GIFT** *(Please Choose One)*

**Payroll Deduction**

*I want to contribute the following amount each pay period:*

\$5.00    \$10.00    \$15.00    \$20.00

Other \$ \_\_\_\_\_

**Number of Pays:**

Monthly (12)    Bi-Weekly (26)    Weekly (52)

One-Time    Other \_\_\_\_\_ # of pays

**Total Contribution: \$** \_\_\_\_\_

**Cash/Check Contribution**

Cash                       Check  

Check# \_\_\_\_\_

**Total Gift \$** \_\_\_\_\_

Make checks payable to:

**United Way of**

**Whitewater Valley**

**Text To Donate**

Or text United2021 to 41444



**DIRECTED GIVING** *(\$25 minimum contribution)*

**Amount to designate: \$** \_\_\_\_\_

*Please select one:*

I want to make the biggest difference in the community. Direct my contribution to the Community Impact Fund.

-OR-

Direct my contribution to the following Focus Area:

\_\_\_\_\_ Childhood Success    \_\_\_\_\_ Youth Success    \_\_\_\_\_ Economic Mobility    \_\_\_\_\_ Access to Health

-OR-

I want to designate my gift to a specific agency: *(Organization must have 501(c)(3) tax status)*

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

**MY RECOGNITION**

- I have contributed for \_\_\_\_\_ years.
- I want my gift to remain anonymous.
- This is a joint gift with my spouse or partner.

Spouse/Partner Name: \_\_\_\_\_

Spouse/Partner Employer: \_\_\_\_\_

**COMMUNICATION**

**Please send an acknowledgement of contribution via:**

- USPS Mail *(please provide mailing address above)*
- Email *(please provide email address above)*

I am interested in **volunteer opportunities**  
*(please provide phone number or email address above)*

### YOUR CONTRIBUTION MAKES A LOCAL IMPACT

Thank you for your contribution to the United Way campaign.

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

**White Copy—United Way      Yellow Copy—Company Payroll**

**Pink Copy—Employee**

**United Way of Whitewater Valley**

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