

United Way of Racine County Employee Pledge Form



United Way
of Racine County

MY INFORMATION

Mr./Mrs./Ms./Dr. First Name _____ Last Name _____
(circle one)

Home Address _____ Apt. # _____ City _____ State _____ Zip _____

Birthdate (mo/yr) _____ Email _____ Personal Work

Phone _____ Home Work Cell Employer _____ I am retiring this year

I prefer to remain anonymous.

RECOGNITION

- I am a loyal donor who has contributed for _____ years.
Donors who have contributed for 10 or more years will receive recognition among United Way's most dedicated supporters and invitations to special events and volunteering/advocacy opportunities.
- I have included United Way in my will/estate plans.
- I would like additional information about planned giving options such as memorials, beneficiaries, gifts, trusts or bequests.
- I want to provide a gift of stock, real estate, electronic funds transfer or life insurance. Please call us at 262-898-2246.
- I want to learn more about Women United.
- Please combine my gift with my spouse/partner.
Name _____
Employer _____
- Please list my/our name(s) as below in all recognition materials.

(please print clearly)

MY CONTRIBUTION For less than \$20 per week, you can be a leadership donor!

MY ANNUAL GIFT \$ _____

- Easy Payroll Deduction** - I authorize my employer to deduct \$ _____ per pay period(s):
 Weekly Biweekly Semimonthly Other: _____
- Cash or Check** - Attached and payable to United Way of Racine County
- Personal Billing** - Please send my personal billing statement (\$50 minimum and home address required):
 Monthly Quarterly One time Start date _____
- Credit Card** (\$50 minimum) MasterCard Visa American Express Discover
Account # _____ Exp. Date _____
Please charge: Monthly Quarterly One time

Signature (Required) _____ Date _____

MY INVESTMENT (OPTIONAL) Your gift will be directed to the Community Fund, unless otherwise specified.

- UNITED WAY COMMUNITY FUND**
The most powerful way to invest your contribution. Your gift supports *all* United Way funded activities. **OR** specify my gift to:
 HEALTH (3030) EDUCATION (3010) FINANCIAL STABILITY (3020) WOMEN UNITED (4080)
- DESIGNATIONS** - Please complete the separate donor designation form available from your workplace or the United Way of Racine County office. Donations that do not meet the minimum requirements will be directed to the Community Fund.
 I have completed a donor designation form.

THANK YOU FOR YOUR SUPPORT

White Copy - Return to United Way | Yellow Copy - Return to Employer | Pink Copy - Keep for tax purposes

No goods or services were given in return for this contribution. The entire contribution is tax deductible as allowed by law.

United Way of Racine County • 2000 Domanik Drive • Racine, Wisconsin 53404
262-898-2240 • UnitedWayRacine.org • facebook.com/UWRacine