

# UNITED WAY OF RACINE COUNTY EMPLOYEE PLEDGE FORM



United Way  
of Racine County

## MY INFORMATION

Mr./Mrs./Ms./Dr. First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birthdate (mo/yr) \_\_\_\_\_ Email \_\_\_\_\_  Personal  Work  
Phone \_\_\_\_\_  Home  Work  Cell Employer \_\_\_\_\_  I am retiring this year

## RECOGNITION

- I prefer to remain anonymous.
- I am a loyal donor who has contributed for \_\_\_\_\_ years.
- 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.
- 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.  
\_\_\_\_\_  
\_\_\_\_\_

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

### 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

### Cash or Check

Mailed to United Way of Racine County

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 your gift to:

- Health (3030) \_\_\_\_\_  Education (3010) \_\_\_\_\_  Financial Stability (3020) \_\_\_\_\_  Essential Services (1005) \_\_\_\_\_  
 Imagination Library (1010) \_\_\_\_\_  LIFT (4000) \_\_\_\_\_  Schools of Hope (3090) \_\_\_\_\_  VITA (4010) \_\_\_\_\_  Women United (4080) \_\_\_\_\_

### Designations

Please complete the separate donor designation form available from your workplace or the United Way of Racine County office. Donations must be at least \$50 to be designated; donations that do not meet this amount will be directed to the Community Fund.

- I have completed a donor designation form.

## THANK YOU FOR YOUR SUPPORT

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