

# UNITED WAY OF RACINE COUNTY EMPLOYEE PLEDGE FORM



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

### ☐ 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

Attached and payable 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

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