



United Way of Pioneer Valley WORKPLACE PLEDGE FORM

MY INFORMATION

COMPANY NAME _____ EMPLOYEE ID NUMBER (IF APPLICABLE) _____

MR/MRS/MS FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ SUFFIX _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
 () - HOME WORK CELL

PREFERRED PHONE _____ PREFERRED E-MAIL _____

How do you want your name(s) to appear in our publications? _____

Or, check here if you wish to remain anonymous, and you do not want your name(s) to appear in any print or digital publications.

I have given to United Way since: I am retiring this year

IT'S EASY TO GIVE

MY TOTAL GIFT \$ _____

PLEASE SELECT THE PREFERRED PAYMENT TYPE

Easy Payroll Deduction I authorize my company to deduct the following amount from my payroll:

\$ _____ per paycheck X _____ pay frequency = _____ **TOTAL**

Or as one-time payroll deduction of \$ _____ UWPV advises you to confirm with your employer when payroll deductions start for this campaign year pledge.

Direct Payment Options \$ _____

CHECK # _____ CASH CREDIT/DEBIT CARD (secure online donation at www.uwpv.org)

OTHER Please contact me about giving securities, direct transfer or other options

Planned Giving I have included United Way in my will or long-term plans I wish to include United Way in my will or long-term plans, please contact me

THANK YOU!

Employee Signature _____ Date _____

Thank you for your contribution to the UWPV campaign. No goods or services were provided in exchange for this contribution. For tax purposes, please keep a copy of this form. You will also need a copy of your pay stub, W-2 or other employer discounts showing the amount withheld for charitable deduction. Consult your tax advisor for more information.

Please send me information about UWPV's Women's Leadership Council (WLC) Initiative

LEADERS' CIRCLE RECOGNITION

With my gift of \$1000 or more, I will be a member of the UWPV Leaders' Circle

Please combine my gift with my spouse's/partner's gift

SPOUSE'S / PARTNER'S FIRST AND LAST NAME _____

SPOUSE'S / PARTNER'S EMPLOYER _____

YOUR COMMUNITY INVESTMENT

Your gift will support the UWPV Community Fund. Please let us know which of our focus areas you are most interested in by selecting one or more of the funding areas below

Basic Needs Financial Stability Education (Children & Youth)

OPTIONAL Donor Designation I understand that UWPV will process my contribution according to my wishes. If I choose to designate (a required contribution of at least \$104) a 12% processing fee will be deducted from my contribution. UWPV does not retain a fee for designations made to neighboring United Ways. If a designated organization does not adhere to state and federal regulatory requirements as a 501c(3), is no longer active, or the minimum gift level is not met, I authorize UWPV to direct my contribution to the Community Fund.

AGENCY NAME AND ADDRESS _____

AMOUNT \$ _____

United Way of Pioneer Valley • 1441 Main St Suite 147, Springfield, MA 01103

White Copy: UWPV Yellow Copy: Employer Pink Copy: Your Copy