

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™

United Way of Greater Mercer County
Crossroads Corporate Center
3150 Brunswick Pike, Suite 230
Lawrenceville, NJ 08648-2420
609.896.1912
www.liveunitedgreatermercer.org



United Way Pledge Form (Information you provide is used only to properly credit your contribution. We NEVER sell or rent information about you.)

| | | | |
|--------------------------------------------------------------------------------------|------------|------------|---------------------------|
| MR/MRS/MS/DR | FIRST NAME | MI | LAST NAME |
| HOME ADDRESS (For credit card charges, address listed must be your billing address.) | | | CITY |
| STATE | ZIP | HOME PHONE | DAYTIME PHONE |
| COMPANY NAME | ADDRESS | | |
| CITY | STATE | ZIP | MONTH DATE YEAR BIRTHDATE |

Please acknowledge my gift at my home address.

Want to see how your contribution is making a difference? Please provide your email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

EMAIL ADDRESS _____

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

—**OPTION A** (If you've chosen to contribute to UWGMC Community Impact Fund, you do not need to complete any other section.) _____

INFLUENCE THE CONDITION OF ALL. United Way of Greater Mercer County Community Impact Fund.

The most powerful way to invest your contribution.

AMOUNT \$ _____

—**OPTION B** (If you want to contribute to a specific Impact Area, please check one or more boxes below and the amount.) _____

- EDUCATION** Helping children and youth achieve their potential through education
- Improving access to quality, affordable **child care** and early learning opportunities
 - Partnering with schools and parents to improve **graduation rates**
 - Providing after-school and mentoring programs for **at-risk youth**

AMOUNT \$ _____

- INCOME** Helping families become financially stable and independent
- Supporting **basic needs** to enhance financial stability
 - Increasing permanent **housing** for **homeless** people
 - Preventing** domestic violence

AMOUNT \$ _____

- HEALTH** Improving Health for seniors and people with disabilities
- Increasing access to **critical healthcare services**
 - Reducing **substance abuse, depression, anxiety and isolation**
 - Increasing health education and **preventive care**

AMOUNT \$ _____

—**OPTION C** (If you designate, please consider giving one-half of your donation to UWGMC to help us advance the common good in our community.) _____

- Other United Way Specific Agency Amount \$ _____

Please note: Designated agency must be a valid non-profit with IRS 501(c)(3) status and in compliance with US Patriot Act requirements.

Name of Organization 501 (c)(3) _____

| | | | | |
|---------------|-------------|------|-------|----------|
| Street Number | Street Name | City | State | Zip Code |
|---------------|-------------|------|-------|----------|

Please inform the agency to send an acknowledgement

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

- EASY PAYROLL DEDUCTION**
(I authorize my employer to deduct my total annual donation from my paycheck in equal amounts)

A. I wish to give this amount per paycheck

AMOUNT \$ _____

B. I receive this many paychecks per year _____

C. My total annual gift is (AxB = C)

AMOUNT \$ _____

- ONE TIME GIFT**
AMOUNT \$ _____
- Check \$ _____ (payable to UWGMC)
- Stock (for details call UWGMC at 609.637.4912)
- Cash \$ _____
- Credit Card \$ _____
 MC AmEx Visa Discover

acct.# _____ exp. date _____

- MY GIFT OF \$1,000 OR MORE**
qualifies me for membership in the:
- Leadership Giving Society
- Women's Leadership Council

- MY GIFT OF \$500 OR MORE**
qualifies me for membership in the:
- Young Leaders United

- Register me for the United Way **Loyal Contributors Program**
I have been contributing to United Way for _____ years.

Signature _____ date _____

Please check the accuracy of all your entries.
Thanks for investing in United Way.

THANK YOU FOR YOUR CONTRIBUTION! YOUR GIFT MAY BE TAX DEDUCTIBLE. NO GOODS OR SERVICES WERE PROVIDED IN EXCHANGE FOR THIS CONTRIBUTION. CONTACT YOUR TAX ADVISOR FOR MORE INFORMATION. INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING 973-504-6215. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT. TO SUBSTANTIATE A GIFT BY PAYROLL DEDUCTION, DONORS SHOULD RETAIN A PAY STUB OR OTHER DOCUMENTATION FROM THE EMPLOYER THAT INDICATES THE AMOUNT WITHHELD FOR THE YEAR AND A COPY OF THE PLEDGE FORM. DONOR DESIGNATED PLEDGES ARE ASSESSED A 9% (NOT TO EXCEED \$250) ADMINISTRATIVE FEE WHICH IS BASED ON ACTUAL HISTORICAL COSTS IN ACCORDANCE WITH UNITED WAY WORLDWIDE MEMBERSHIP STANDARDS.