

WORKPLACE CAMPAIGN PLEDGE FORM



United Way of
Greater Mercer County

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

HOME EMAIL ADDRESS *

Yes, I'd like to hear from United Way about how my contribution is getting results.

YES! I WOULD LIKE TO HELP CREATE OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES IN MERCER COUNTY PLEASE SELECT WAYS TO GIVE

EASY PAYROLL DEDUCTION

My total annual gift

AMOUNT \$

A. I want to contribute the following amount each pay period:
 \$50 \$25 \$10 \$5

Other \$

B. I pledge % of my salary, for a total gift of \$

DIRECT GIFT

AMOUNT \$

- Check or Cash
- Credit Card

CARD #

CARD TYPE:

CVV # EXP: / /

BILLING ZIP CODE

I WOULD LIKE TO HAVE A GREATER IMPACT ON MERCER COUNTY. PLEASE SIGN ME UP FOR:

(Check which apply)

- Tocqueville Society (annual gifts of \$10,000 or more)
- Leaders' Circle (annual gifts of \$1,000 or more)
- L.I.V.E. Young Society (focused towards young professionals)
- Please contact me about member benefits
- Please send me information on how to include United Way of Greater Mercer County in my will.

HOW YOU CAN HELP

— option A —

Restricted Contribution

AGENCY NAME AND ADDRESS (OR AGENCY CODE)

AMOUNT \$

—option B United Way of Greater Mercer County Impact Areas—

EDUCATION Helping children and youth achieve their potential

AMOUNT \$

INCOME Helping families become financially stable and independent

AMOUNT \$

HEALTH Improving people's health and overall wellness

AMOUNT \$

— option C —

INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund.

We value your contribution, and will apply it to the impact area where it is currently needed most.

AMOUNT \$

Signature

Please check the accuracy of all your entries.

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.