

LIVE UNITED

United Way of Grand Forks East Grand Forks & Area



1407 24th Ave. S. Suite 400
Grand Forks, ND 58201
(701) 775-8661
unitedwayfegf.org

2018/2019 UNITED WAY PLEDGE FORM

MR/MRS/MS/DR FIRST NAME MI LAST NAME DAYTIME PHONE

HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY STATE ZIP

COMPANY NAME EMAIL ADDRESS

GIFT OPTIONS

PAYROLL DEDUCTION

I want to contribute the following amount each pay period:

\$25 \$20 \$15 \$10 \$5 \$2 Other \$ _____

My Pay Period is:

Weekly (52) Bi-Weekly (26) Semi-Monthly (24) Monthly (12)

\$ _____ TOTAL PLEDGE

DIRECT GIFT Direct gift to be paid by:

Cash Please Bill Me (Minimum Gift \$25) Mastercard/VISA
 Personal check (enclosed) One time Card # _____
 Automatic deduction from bank account. Quarterly Exp. Date _____
(Additional authorization form required.) Other _____ Signature _____

\$1.15/pay period sponsors one child in the Imagination Library.

\$5/pay period serves 66 meals to the hungry.

\$10/pay period provides 550 nights of shelter for homeless persons.

\$20/pay period subsidizes 3.5 tons of food from a local food bank.

LEADERSHIP GIVING

MY GIFT OR COMBINED HOUSEHOLD GIFT OF \$500 OR MORE AND/OR I AM 21 TO 39 YEARS OLD AND MY PERSONAL GIFT OF \$240 OR MORE
qualifies me for membership in the Community Builders Club. qualifies me for membership in the Young Leaders Society.

AMOUNT \$ _____

My spouse gives separately. If you choose to combine your gifts for leadership recognition, please provide the following:

Spouse's Name _____ Workplace _____ Amount of Gift \$ _____
Name Listing for Recognition: _____ I prefer that my gift remain anonymous.

OPTIONAL: INVEST IN YOUR COMMUNITY

DESIGNATIONS NOT CONTINUOUS. PLEASE INDICATE YOUR 2018 DESIGNATION.

- 1. I want to support the United Way's local focus areas that create opportunities for a better life. DESIGNATED AMOUNT \$ _____
- 2. I would like to sponsor a child in the Imagination Library* program. DESIGNATED AMOUNT \$ _____
*Program provides an age-appropriate book each month to children between ages of 0-5 at the cost of \$30 per child per year.
- 3. I want my gift to go to a specific local 501(c)3 agency or United Way Initiative. All designated funds are subject to a processing fee.
AGENCY/UNITED WAY PROGRAM NAME _____
DESIGNATED AMOUNT \$ _____

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



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KEEP THIS BOTTOM PORTION FOR YOUR TAX RECORDS. GIFT IS TAX DEDUCTIBLE IF YOU ITEMIZE.

Name: _____ Date: _____

Total Pledge: _____

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep your 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.