## UNITED WAY OF RACINE COUNTY INDIVIDUAL PLEDGE FORM



United Way of Racine County

| MY INFORMATION   |   |
|--|---|
| Mr./Mrs./Ms./Dr. First Name Last N   | lame  |
| Home Address   | Apt. # City State Zip   |
| Birthdate (mo/yr) Email  | Personal 🗅 Work   |
| Phone Denk Denk Cell I   | Employer 🖬 I am retiring this year  |
| RECOGNITION  |   |
| I prefer to remain anonymous.  | Please combine my gift with my spouse/partner.                                  |
| I am a loyal donor who has contributed for years.  | Name  |
| I have included United Way in my will/estate plans.  | Employer  |
| I would like additional information about planned giving options<br>such as memorials, beneficiaries, gifts, trusts or bequests.   | <sup>S</sup> DPlease list my/our name(s) as below in all recognition materials. |
| I want to provide a gift of stock, real estate, electronic funds   |   |
| transfer or life insurance. Please call us at 262-898-2246.  |   |
|  | (please print clearly)  |
| <b>MY CONTRIBUTION</b> For less than \$20 per week, you can be a leadership donor!   |   |
| MY ANNUAL GIFT \$  | Credit Card (\$50 minimum)  |
| Personal Billing   | ○ MasterCard ○ Visa ○ American Express ○ Discover                               |
| Please send my personal billing statement :<br>(\$50 minimum and home address required)  | Account #<br>Exp. Date  |
| • Monthly • Quarterly • One time Start date:   | Please charge: O Monthly O Quarterly O One time                                 |
| <b>Cash or Check</b><br>Attached and payable to United Way of Racine County  |   |
| Signature (Required)   | Date  |
| <b>MY INVESTMENT (OPTIONAL)</b> Your gift will be directed to the Community Fund, unless otherwise specified.  |   |
| United Way Community Fund<br>The most powerful way to invest your contribution. Your gift sup  | pports 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<br>Please complete the separate donor designation form available from your workplace or the United Way of Racine County office. Donations<br>must be at least \$50 to be designated; donations that do not meet this amount will be directed to the Community Fund. |   |

O I have completed a donor designation form.

## **THANK YOU FOR YOUR SUPPORT**

White Copy - Return to United Way | 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.