



United Way Fox Cities
1455 Midway Road
Menasha, WI 54952
920-954-7210

Enter the sweepstakes to win a 2023 Mazda CX-5!

Any United Way Fox Cities donor who timely gives a new, undesignated gift of \$52 (\$1 per week), or a previous year donor who timely gives an undesignated minimum gift of \$53 that has increased by at least \$1 from the previous year, is eligible to qualify for one entry in the 2023 Mazda CX-5 sweepstakes. Pledges must be received by United Way Fox Cities on or before 12/08/2023 to qualify for the drawing. Void where prohibited; pledge will not improve chance of winning. No gift necessary. Entrants must be at least 18 years of age.

For complete sweepstakes entry rules visit www.UnitedWayFoxCities.org



Donated by
Bergstrom Automotive



2023 PLEDGE FORM

1 Your Information

First Name _____ Informal Name _____ Middle Initial _____ Last Name _____ Suffix _____

Birthdate ____ / ____ / ____ For public recognition my/our name should read: _____ ☐ I/We prefer to be anonymous.
(for sweepstakes, LINC, and Emerging Leaders eligibility)

Home Address _____ City _____ State _____ ZIP _____

Preferred Phone _____ ☐ Cell ☐ Home

Preferred E-mail _____ Work E-mail _____

Employer Name _____ ☐ New employer in the last year

Work Phone _____ Ext. _____

All information is kept confidential and is used only by United Way Fox Cities. We do not sell or share our list of contributors with other organizations.

Read our complete privacy policy online at UnitedWayFoxCities.org.

We do not provide goods or services in whole or for partial consideration for any contribution made to the organization via this pledge form.

2 Your Impact Investment (Check all that apply.)

☐ **LINC (Lead. Impact. Network. Change.):** Donors age 30 and under with individual or combined annual giving of \$250 (\$5 per week) or more. (Must provide birthdate above.)

☐ **Emerging Leaders:** Donors age 40 and under with individual or combined annual giving of \$500 (\$10 per week) or more. (Must provide birthdate above.)

☐ **Leadership Givers:** People of all ages with individual or combined annual giving of \$1,000 or more. →

☐ **Community Supporters:** People of all ages giving \$1-\$999.

☐ **Tocqueville Society:** People of all ages with individual or combined annual giving of \$10,000 per year or more.

☐ **Circle of Caring:** I/We have included United Way Fox Cities in our estate plan.

Visit UnitedWayFoxCities.org for ways to engage with the community through your impact investment!

☐ My gift is \$1,000 or more when combined with my spouse's/partner's gift to United Way Fox Cities.

Spouse/Partner Name: _____

Spouse/Partner Company: _____

3 Your Gift Payment Options

☐ PAYROLL DEDUCTION

▶ Number of pay periods _____

☐ I want to contribute the following amount **per pay period:**

☐ \$100 ☐ \$75 ☐ \$50

☐ \$25 ☐ \$10 ☐ Other \$ _____

☐ Make my **total** deductions equal: \$ _____
(United Way will do the math to determine amount/period.)

☐ One-time deduction of \$ _____ (if company allows)

☐ One hour's pay per month \$ _____ (hourly rate)

☐ **BILL ME** Amount \$ _____
(\$50 Minimum)

☐ **One-time gift** to be billed on ____ / ____ / ____

☐ **Recurring Quarterly**
(1st of January, April, July, and October 2024)

Stocks, securities, or automated bill payer

Please contact United Way Fox Cities at 920-954-7210 to complete these payment options.

DIRECT GIFT

(Cash, Check, and Credit Card Options)

☐ Cash

Amount \$ _____

☐ Check

(Payable to United Way Fox Cities)

Check # _____

Amount \$ _____

☐ Credit Card

Amount \$ _____

Your credit card may be processed after your requested date. **To ensure your credit card contribution is processed before 12/31/2023, please make a gift online: www.UnitedWayFoxCities.org/Give.**

☐ Visa ☐ Discover ☐ MasterCard ☐ American Express

Account #:

▶ Expiration date: _____ Security Code: _____

☐ **One-time gift** to be charged on ____ / ____ / ____

☐ **Recurring Monthly** (1st of the month starting January 2024)

☐ **Recurring Quarterly** (1st of January, April, July, and October 2024)

MY TOTAL GIFT

\$ _____
Amount

Sign: _____

Date: _____

PLEASE MAKE A COPY FOR YOUR RECORDS.

Specific charitable organization (please see Designation Policy at UnitedWayFoxCities.org).

Gifts to organizations other than United Way Fox Cities do not qualify for the car sweepstakes.

Please direct my gift to the following not-for-profit 501(c)3 health/human service organization:

☐ United Way Fox Cities \$ _____

☐ Agency Named Above \$ _____ (\$50 min.)

☐ Other United Way Named Above \$ _____ (\$50 min.)

Other Agency/United Way Mailing Address, City, State, ZIP Code:

☐ I/We prefer to be anonymous. Do not release my/our name to the designated agency(ies).

If the designation is to a United Way Fox Cities community partner agency, it will go directly to support United Way funded programs. It will not increase the partner agency's investment unless the total of all designated gifts exceeds the amount recommended by United Way Fox Cities' volunteers.

THANK YOU!

Your gift to United Way Fox Cities makes a difference in the lives of **1 in 3 people** in our community.