

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

Your Information

PLEDGE FORM

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UnitedWayFoxCities.org

| First Name | Middle Initial | Last Name | | Suffix |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| □ I/We prefer to be anonymous. Work E-mail | | Pers | sonal E-mail | |
| Birthdate / / (for sweepstakes, LINC, and Emerging Leaders eli | gibility) By checking a b out or change y andar@united | ox above, you cons our preferred metho vayfoxcities.org . B | Work E-mail Personal E-mail ent to be contacted via that method. d of contact at any time, you can do y opting out, you acknowledge that y nethod but may still be contacted thro | If you wish to opt so by contacting you may not receive |
| Home Address | | _ City | State | ZIP |
| Preferred Phone | Cell Home | Work Phone | | Ext |
| Employer Name | | [| New employer in the last year | Retiring within one year |
| Read out | es in whole or for partial consid complete privacy and design | deration for any cont | ribution made to the organization via | • |
| Your Gift Payment O | ptions | | | |
| PAYROLL DEDUCTION Number of pay periods | - nount per pay period : | | Make my total deductions equ (United Way will do the math to de One-time deduction of \$ One hour's pay per month \$ | etermine amount/period.)(if company allows) |
| (Cash, Check, and Credit Card Options) | edit Card Amount \$ edit card may be processed after your re edit card contribution is processed b gift online: www.UnitedWayFoxCitie Discover MasterCard [#: | equested date. To ensure efore year end, please s.org/Give. | BILL ME Amount One-time gift to be billed Recurring Quarterly (1st of January, April, July, | |
| Check (Payable to United Way Fox Cities) | ation date: Secu | | Stocks, securities, or a Please contact United Way Fox to complete these payment opti | c Cities at 920-954-7210 |
| Check # Recu | rring Monthly (1st of the month sta rring Quarterly (1st of January, A | arting January) | Optional Designation: Please of from my total gift to the organizar Note: Any funds not allocated to a default to United Way Fox Cities. | tion(s) listed below. |
| My gift can be combined with my spouse's Spouse/Partner Name: Spouse/Partner Company: | | - | Agency Named Below \$ Other United Way Named Bel Agency/Other United Way Name Maili | ow \$ (\$50 min.) |
| MY TOTAL GIFT \$ Amount | makes a diffe | IK YOUL nited Way Fox Citie rence in the lives c in our community | s | |
| Sign: | | | | |

PLEASE MAKE A COPY FOR YOUR RECORDS.