## PLEDGE FORM

## **Your Information**

United Way Fox Cities
1455 Midway Road • Menasha, WI 54952
920-954-7210 • UnitedWayFoxCities.org
Way



First Name	_ Middle Initial	Last Name_				Suffix
☐ I/We prefer to be anonymous. Work E-mail			Personal E-	mail		
Birthdate / / (for sweepstakes, LINC, and Emerging Leaders eligibility)  Home Address	By checking a box abo contact at any time, yo receive communicatio	ove, you consent to ou can do so by cont n via your preferred	be contacted via tacting <b>andar@</b> method but ma	a that method. If you wis unitedwayfoxcities.org y still be contacted throu	sh to opt out or g. By opting ou igh alternative	Preferred Phone change your preferred method of it, you acknowledge that you may not means. ZIP
Preferred Phone Ce						Ext
Employer Name  All information is kept confidential and is used only by United V services in whole or for partial consideration for any contribution made to		o not sell or shar	e our list of c	ontributors with oth	er organizati	
2 Your Gift Payment Options	DIRECT GIFT			Credit Card	Amo	ount \$
PAYROLL DEDUCTION  Number of pay periods  I want to contribute the following amount per pay period:  \$100  \$75  \$50  \$25  \$10  Other \$  One hour's pay per month \$ (hourly rate)  Make my total deductions equal: \$ (United Way will do the math to determine amount/period.)  One-time deduction of \$ (if company allows)  My gift can be combined with my spouse's / partner's gift to United Way Fox Cities.	Cash, Check, an  Cash Amount \$  Check (Payable to Unite Check #  Amount \$  Optional Designat following amount(s) gift to the organizat Any funds not allocat will default to United  Agency Named Be  Other United Way	ion: Please direct (\$50 min.) from tion(s) listed belowed to a specific org Way Fox Cities.	est the my total v. Note: anization	your credit card contrinake a gift online: ww  Visa Discover Account #:  Expiration date: One-time gift to b  Recurring Monthly	bution is proc w.UnitedWayf	er your requested date. To ensure reassed before year end, please FoxCities.org/Give. Card American Express  Security Code:  n / / month starting January) sinuary, April, July, and October)
Spouse/Partner Name:  Spouse/Partner Company:  THANK YOUL  Your gift makes a difference in the lives of 1 in 3 people in our community.  TOP - United Way  YELLOW - Employer/Investor	Agency/Other United Mailing Address, City	Way Name, r, State, Zip Code: anonymous. Do no	ot release	MY TOTAL	_ GIFT \$_	Amount Date: