

PLEDGE FORM

1

Your Information

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



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)

Preferred Method of Contact

Work E-mail Personal E-mail Preferred Phone

By checking a box above, you consent to be contacted via that method. If you wish to opt out or change your preferred method of contact at any time, you can do so by contacting andar@unitedwayfoxcities.org. By opting out, you acknowledge that you may not receive communication via your preferred method but may still be contacted through alternative means.

Home Address _____ City _____ State _____ ZIP _____

Preferred Phone _____ Cell Home Work Phone _____ Ext. _____

Employer Name _____ New employer in the last year Retiring within one year

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. We do not provide goods or services in whole or for partial consideration for any contribution made to the organization via this pledge form. Read our complete privacy and designation policies online at UnitedWayFoxCities.org.

2

Your Gift 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 year end, please make a gift online: www.UnitedWayFoxCities.org/Give.

Visa Discover MasterCard American Express

Account #:

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► Expiration date: _____ Security Code: _____

One-time gift to be charged on ____ / ____ / _____

Recurring Monthly (1st of the month starting January)

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

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.

Spouse/Partner Name: _____

Spouse/Partner Company: _____

THANK YOU!

Your gift makes a difference in the lives of 1 in 3 people in our community.

TOP - United Way YELLOW - Employer/Investor

MY TOTAL GIFT \$ _____

Amount

Sign: _____

Date: _____

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