PLEDGE FORM

UNITED WAY Fox Cities
1455 Midway Road
Menasha, WI 54952
920-954-7210

1 YOUR INFORMATION

First name _____ Middle initial _____ Last name _____ Suffix _____

☐ I/we prefer to be anonymous Work email _____ Personal email _____

Birthdate _____/_____/_____ (for sweepstakes eligibility) Preferred method of contact: ☐ Work email ☐ Personal email ☐ Preferred phone

By selecting a contact preference, you consent to be reached through that method. To change or opt out, email connect@unitedwayfoxcities.org. By opting out, you acknowledge that you may not receive messages via your preferred method but may still be contacted by other 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 ☐ I'm interested in LEAD United

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

☐ 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)*

☐ DIRECT GIFT (Cash, check, and credit card options)

☐ Cash
Amount $ _____

☐ Check (Payable to United Way Fox Cities)
Check # _____
Amount $ _____

☐ Credit Card Amount $ _____
Card Number
☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
☐ Visa ☐ Discover ☐ MasterCard ☐ American Express
→ **Exp. 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)

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: unitedwayfoxcities.org/give**

OTHER PAYMENT OPTIONS

☐ Bill Me
Amount $ _____ ***($50 Minimum)***
☐ One-time on_____/_____/_____
☐ Recurring quarterly (1st of January, April, July, October)

Stocks, securities, or automated bill payer
Please contact United Way Fox Cities at 920-954-7210 to complete these payment options.

ADDITIONAL OPTIONS

☐ **My gift can be combined with my spouse's/partner's gift to United Way Fox Cities.**
Spouse/Partner Name: _____
Spouse/Partner Company: _____

Optional Designation: If you would like to direct a portion of your total gift ($50 minimum per designation) to another United Way or nonprofit, please complete the information below. *Any undesignated amount will support United Way Fox Cities.*
Other United Way – Amount: $_____
Other Organization – Amount: $_____
UW/Org. name, mailing address, city, state, ZIP:
_____
_____
_____
☐ Please make my designation anonymous.

3 MY TOTAL GIFT $ _____

SIGN _____ Date _____

THANK YOU!

UNITED IS THE WAY
we are creating a stronger, more caring community.

→ PLEASE MAKE A COPY FOR YOUR RECORDS ←