

# 2020 UNITED WAY OF GREATER LAFAYETTE PLEDGE CARD

Company Name: \_\_\_\_\_

Please make copies as needed for your payroll department

## DONOR INFORMATION

Prefix \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone \_\_\_\_\_  Work  Home  Cell Birthdate \_\_\_\_\_ / \_\_\_\_\_  
mm yy

Preferred e-mail \_\_\_\_\_

Send my receipts and gift updates via:  Mail at home  E-mail  Phone (Please verify the information provided above)

\*United Way of Greater Lafayette respects your privacy. Your information is only used to provide receipts, keep you up to date on the impact of your gift, and share other opportunities to stay involved throughout the year.

## GIFT AND PAYMENT INFORMATION

**SEE YOUR GIFT GROW! DOUBLE THE IMPACT WITH A \$1 FOR \$1 MATCH** (FOR ANY NEW OR INCREASED GIFTS OF \$100 OR MORE)

**OPTION A - Payroll Deduction**

**OPTION B - One Time Gift**

**OPTION C - Bill Me (\$50 minimum gift)**

Contribute: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_  Cash or Check

Total: \$ \_\_\_\_\_

Pay Periods: X \_\_\_\_\_

Credit Card Check: # \_\_\_\_\_

Once In \_\_\_\_\_ / \_\_\_\_\_  
mm yy

Annual Gift: \$ \_\_\_\_\_

Visa  Discover  Mastercard

Quarterly  Monthly

Card Number: # \_\_\_\_\_

Expires: \_\_\_\_\_ / \_\_\_\_\_ CSC: \_\_\_\_\_  
mm yy (back of card)

\*Select preferred affiliation (check all that apply)

EMERGING LEADERS (40 & Under)

WOMEN UNITED

RETIRE UNITED

## LEADERSHIP GIFTS

Please consider giving at the Vanguard level of \$1,000 or more. If your spouse/partner gives separately, you may combine your gifts for recognition at this level. Your generosity will be recognized in the Vanguard Directory, at special thank you events and with regular communication.

Please recognize my gift in the Vanguard Directory.

I would like my spouse's/partner's name and gift recognized with mine

Print your name below to indicate how you wish to be listed

Name: \_\_\_\_\_

\_\_\_\_\_

Gift: \$ \_\_\_\_\_ Workplace: \_\_\_\_\_

\_\_\_\_\_

Total Combined Gift: \$ \_\_\_\_\_

Please do not publish my/our name in recognition materials. We would like to remain anonymous.

## MY AUTHORIZATION (signature required)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# YOU CAN CHANGE LIVES TODAY!

## OPTIONAL (select all that apply)

I wish to designate \_\_\_\_\_ % of my gift to the following programs or agencies. (\$50 minimum gift)

I wish to support all United Way programs and agencies within the Cradle to Career Commitment with \_\_\_\_\_ % of my gift.

Please print the agency name and address below:

NOTE: Agencies receiving gift designations must meet IRS requirements for charitable gifts. Noncompliant gifts and any undesignated portions are directed to United Way of Greater Lafayette. Gifts designated to agencies unaffiliated with United Way of Greater Lafayette as a partner agency are subject to an 8% administrative fee.

I would like United Way to request that the agency acknowledge my restricted gift

PLEASE TEAR OFF THIS SECTION AND KEEP FOR ANNUAL TAX RECORDS

## DONOR RECEIPT

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Total Pledge Amount: \$ \_\_\_\_\_

FOLLOW US ON:



WE LOVE HOW YOU LIVE UNITED



1114 East State Street, Lafayette, IN 47905  
Contact us: (765) 742-9077 www.uwlafayette.org

No goods or services were given in exchange for this contribution.