

2018 UNITED WAY OF GREATER LAFAYETTE PLEDGE CARD

Please make copies as needed for your payroll department

DONOR INFORMATION

Prefix _____ First _____ M.I. _____ Last Name _____ Suffix _____ Birthdate _____ / _____
mm yy

Home Address _____ City _____ State _____ Zip _____

Preferred Phone _____ Work Home Cell 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

Contribute: \$ _____

Pay Periods: X _____

Annual Gift: \$ _____

OPTION B- One Time Gift

Total: \$ _____ Cash or Check

Credit Card Check: # _____

Visa Discover MasterCard

Card Number: # _____

Expires: ____ / ____ Security Code: _____
mm yy (back of card)

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

Total: \$ _____

Once In ____ / ____
mm yy

Quarterly Monthly

*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.

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

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

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Please do not publish my/our name in recognition materials.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 support all United Way programs and agencies within the Cradle to Career Commitment with _____% of my gift.

NOTE: Agencies receiving gift designations must meet IRS requirements for charitable gifts. Non-compliant 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 wish to designate _____% of my gift to the following programs or agencies. (\$50 minimum gift)

Please print the agency name and address below:

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: \$ _____

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

WE LOVE HOW YOU LIVE UNITED



United Way of Greater Lafayette



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