

2019 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 _____

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

OPTION A- Payroll Deduction

Contribute: \$ _____

Pay Periods: X _____

Annual Gift Total: \$ _____

OPTION B- One Time Gift

Annual Gift Total: \$ _____

Cash or Check

Check: # _____

Credit Card

Visa Discover MasterCard

Card Number: # _____

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

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

Annual Gift Total: \$ _____

Once In ____ / ____
mm yy

Quarterly Monthly

*Select preferred affiliation (check all that apply)

EMERGING LEADERS (40 & under)

WOMEN UNITED

RETIRE UNITED

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. 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 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: \$ _____

WE LOVE HOW YOU LIVE UNITED

United Way of
Greater Lafayette



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.