



PLEDGE FORM

Please complete the required information so we may properly record your gift.

CONTACT INFORMATION

PAYMENT OPTIONS/SIGN AND DATE

GET INVOLVED

AREAS OF WORK

1

I CHOOSE TO BE COMMUNITY STRONG:

NAME	<input type="checkbox"/> DR. <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	FIRST	MI	LAST	
SPOUSE'S/ PARTNER'S NAME*	<input type="checkbox"/> DR. <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	FIRST	MI	LAST	
HOME ADDRESS				DATE OF BIRTH (MM/DD/YY)	SPOUSE DATE OF BIRTH (MM/DD/YY)
CITY	STATE	ZIP	/ / / /		
PREFERRED PHONE	() -	EXTENSION	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE	<input type="checkbox"/> (It's okay to contact me via text message)	
EMAIL	<input type="checkbox"/> HOME <input type="checkbox"/> WORK		SPOUSE'S EMAIL	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	
COMPANY	TITLE		<input type="checkbox"/> I AM/WE ARE RETIRED		
<input type="checkbox"/> Please recognize my gift as "Anonymous." <input type="checkbox"/> I/we would prefer to not receive any recognition gifts.					
<input type="checkbox"/> Please combine my gift with my spouse/partner's gift. **Please note if both spouses contribute through their workplaces for a combined gift, both should fill out a pledge form.					
*SPOUSE/PARTNER'S EMPLOYER:			\$ SPOUSE/PARTNER'S ANNUAL CONTRIBUTION AMOUNT:		

2

MY TOTAL ANNUAL GIFT IS:.....\$_____

PAYMENT OPTIONS:

- PAYROLL DEDUCTION** (Workplace campaigns only) \$_____ per pay period X_____ pay periods = total gift. \$_____
 - CASH/CHECK** (Please make checks payable to **United Way of the Midlands.**) \$_____
 - CREDIT CARD** (Make a secure credit card donation at www.unitedwaymidlands.org/donate.) \$_____
 - STOCK/SECURITIES** (For more information, visit www.unitedwaymidlands.org/stocks.) \$_____
 - BILL ME** (\$25 minimum) \$_____ START DATE (MM/YYYY) ____/____/____ Monthly Quarterly* One Time \$_____
- *Billed the first month of each quarter of the calendar year.

NO DONATION

SIGNATURE <i>Required</i>	DATE	EMPLOYEE ID <i>If applicable</i>
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3

I WANT TO BE INVOLVED WITH:

- TOCQUEVILLE SOCIETY** \$10,000 minimum donation
Join this influential group who champions this important work to strengthen and make a lasting impact in our community.
- WOMEN UNITED** \$1,500 minimum donation
Join a dynamic group of women who are passionate and believe in working together to create positive and long-term change.
- BRIDGEBUILDERS SOCIETY** \$1,000 minimum donation
Be a trailblazer where your interest and generosity can lead to impactful change for our most vulnerable neighbors.
- EMERGING LEADERS** \$250 minimum donation
Join a thoughtful and enthusiastic group that harnesses the power of those 40 and younger to make our community stronger.

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I CHOOSE TO IMPACT LIVES BY DIRECTING MY DOLLARS IN THIS WAY:

UNITED WAY OF THE MIDLANDS COMMUNITY CARE FUND: The most efficient and effective way to support UWM's areas of work, includes basic needs, education and financial stability in our community..... \$_____

BASIC NEEDS: Within the Community Care Fund, direct my dollars to provide physical and mental health care services, healthy food, stable housing, domestic violence support and the 2-1-1 Helpline to raise the bar on the quality of life for our community..... \$_____

EDUCATION: Within the Community Care Fund, direct my dollars to provide early childhood education, out-of-school programs, tutoring and mentoring services to ensure students are successful in school and in life..... \$_____

FINANCIAL STABILITY: Within the Community Care Fund, direct my dollars to support programs that focus on financial education, job skill development and asset development, which are all key to creating a stable community..... \$_____

SPECIAL INITIATIVES:

OPPORTUNITY YOUTH: Is an initiative supported by *Women United* that focuses on helping 16-24 year-olds re-engage with school or work in the Omaha-Council Bluffs metro area..... \$_____

CAMPAIGN FOR GRADE LEVEL READING: Is an initiative that focuses on children starting early education on the right track, attending school every day and continuing to grow their minds during the summer months in the Omaha-Council Bluffs metro area..... \$_____

BOOK TRUST: Is a three-year national pilot program supported by *Emerging Leaders* and funded by UWM. This initiative works with ten Title 1 schools across six school districts to provide books to students in the Omaha-Council Bluffs metro area..... \$_____

To designate your gift to a specific, approved, 501(c)(3) organization that addresses local health and human services within the counties covered by United Way of the Midlands, or for more information on designations, please visit UnitedWayMidlands.org/Designations. (**\$50 MINIMUM PLEDGE**)

Privacy Statement: United Way of the Midlands may collect email addresses and other personally identifiable data about donors, volunteers and visitors, when such information is voluntarily submitted. All such information is collected and stored in a manner appropriate to the nature of the data. United Way of the Midlands does not sell or otherwise disclose this information outside the organization, unless it is explicitly requested in writing.

THANK YOU!