

# DESIGNATION PLEDGE FORM

Please complete both sides of this form so we may properly record your gift.

## UNITED TODAY, STRONGER TOMORROW

NAME	PREFIX	FIRST	MI	LAST
SPOUSE/ PARTNER'S NAME*	PREFIX	FIRST	MI	LAST
HOME ADDRESS	CITY	STATE	ZIP	
DATE OF BIRTH (MM/DD/YY)	SPOUSE/ PARTNER'S DOB (MM/DD/YY)			
PREFERRED PHONE	( ) - EXT	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> MOBILE <input type="checkbox"/> It is okay to contact me via text message
EMAIL	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	SPOUSE/ PARTNER'S EMAIL	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	
COMPANY	TITLE	<input type="checkbox"/> I AM/WE ARE RETIRED		

United Way of the Midlands would like to recognize first-time donors. Please check the box if you are a new donor of United Way.

United Way of the Midlands recognize individuals who generously give at the Bridgebuilder level (\$1,000 or above) by listing their names in our online annual report. Please list my/our name(s) as follows:

I/We would like to remain anonymous.

Please combine my gift with my spouse/partner's gift.

\*\*Please note if both partners contribute for a combined gift, both should fill out a pledge form.

\_\_\_\_\_  
\*Spouse/Partner's Employer

\$ \_\_\_\_\_  
\*Spouse/Partner's Annual Contribution Amount

## YOUR INVESTMENT MAKES A DIFFERENCE

I CHOOSE TO INVEST IN THE COMMUNITY TO PROVIDE A CIRCLE OF SUPPORT: \$ \_\_\_\_\_



Your dollars fund more than 100 local nonprofit programs that are addressing pressing social and economic disparities and meeting families' essential needs, such as healthy food, a safe place to go after school and job support.

### OPTIONAL - I CHOOSE TO INVEST IN ONE OR MORE OF UNITED WAY'S AREAS OF ESSENTIAL NEEDS:

**BASIC NEEDS**

- Access to healthy food
- Domestic violence services
- Physical and mental health services, including medical research
- Safe and stable housing
- 211 Helpline

\$ \_\_\_\_\_

**EDUCATION**

- Early childhood education programs that focus on improving literacy and school attendance
- Mentoring
- Out-of-school-time programs

\$ \_\_\_\_\_

**FINANCIAL STABILITY**

- Asset development
- Job training
- Omaha Federation of Labor collaboration to support upskilling/reskilling of workforce
- Personal finance classes
- Post-secondary education support

\$ \_\_\_\_\_

### SPECIAL PROGRAMS

I choose to invest in the **211 Helpline** \$ \_\_\_\_\_

I choose to invest in **JAG Nebraska** \$ \_\_\_\_\_

The **211 Helpline** serves people in need across Nebraska and southwest Iowa 24/7. People can reach a helpline specialist to be connected to health and human services such as housing, utilities and food support.

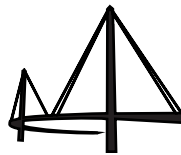
**JAG Nebraska** is a program focused on helping young people overcome obstacles so they can succeed in the classroom and workplace.

**- PLEASE TURN OVER TO COMPLETE THIS FORM -**

## LEADERS IN GIVING



**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.



**BRIDGEBUILDERS SOCIETY**  
**\$1,000 minimum donation**  
 Be a trailblazer where your interest and generosity can lead to impactful change for our most vulnerable neighbors.

## AFFINITY GROUPS



### Hygiene Kits for Students

By providing "Shine Bright" hygiene kits for students, Women United aims to ensure young people have everything they need to look and feel their best.

**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.  
**AND**  
 *Optional* - I choose to direct my dollars to the purchase of "Shine Bright" hygiene kits in support of Women United:  
 \$ \_\_\_\_\_



### JAG Nebraska

By supporting JAG Nebraska, Emerging Leaders aim to help young people overcome obstacles so they can succeed in the classroom and workplace.

**EMERGING LEADERS**  
**\$250 minimum donation**  
 Join a thoughtful and enthusiastic group of professionals under the age of 40 who work together to make our community stronger.  
**AND**  
 *Optional* - I choose to invest in the JAG Nebraska program:  
 \$ \_\_\_\_\_

## PAYMENT OPTIONS

**MY TOTAL ANNUAL GIFT IS:** \$ \_\_\_\_\_

### PAYMENT OPTIONS:

**PAYROLL DEDUCTION** (Workplace campaigns only) \$ \_\_\_\_\_ per pay period **X** \_\_\_\_\_ pay periods = total gift. \$ \_\_\_\_\_

**CASH OR CHECK** Please make checks payable to **United Way of the Midlands**. \$ \_\_\_\_\_

**CREDIT CARD** Make a secure credit card donation at [UnitedWayMidlands.org/donate](http://UnitedWayMidlands.org/donate). \$ \_\_\_\_\_

**STOCKS/SECURITIES** For information on giving stocks or securities, visit [UnitedWayMidlands.org/stocks](http://UnitedWayMidlands.org/stocks).  
 Approximate date of transfer: (MM/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

**BILL ME** (\$25 minimum) \$ \_\_\_\_\_ START DATE (MM/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Monthly  Quarterly\*  One Time \$ \_\_\_\_\_  
\*Billed the first month of each quarter of the calendar year.

**I WOULD LIKE TO BE CONTACTED ABOUT LEGACY GIVING AND ENDOWMENT GIVING OPPORTUNITIES**

**I CHOOSE NOT TO DONATE AT THIS TIME**

## DESIGNATION (\$50 MINIMUM PLEDGE)

ORGANIZATION		AMOUNT	\$	
ADDRESS	CITY	STATE	ZIP	

Please forward my contact information and pledge amount to the designated organization so I may receive acknowledgment.

## SIGN AND DATE

**SIGNATURE (REQUIRED)**

**DATE**

United Way of the Midlands will honor designations to agencies whose programs are funded by, or are consistent with its mission to impact poverty. If you choose to direct your donation to a specific agency, the agency must be classified as a 501(c)(3) organization (and included in IRS Publication 78) with a primary mission to deliver health or human services within the boundaries of the 21-county area covered by United Way of the Midlands. This includes Douglas, Sarpy, Cass, Saunders, Washington, Burt, Dodge, Nemaha and Thurston counties in Nebraska, and Pottawattamie, Adair, Cass, Fremont, Mills, Montgomery, Adams, Crawford, Harrison, Monona, Page, and Shelby counties in Iowa.

**To designate to an agency, enter the agency's name and complete address in the space provided.** A list of local agencies providing programming in basic needs, education and financial stability can be found at [UnitedWayMidlands.org/Programs](http://UnitedWayMidlands.org/Programs).

Organizations that may not be considered eligible include cultural institutions, religious organizations, schools, animal welfare agencies, environmental organizations, political organizations or government entities (educational foundations are eligible). If an organization is determined to be ineligible by United Way of the Midlands, you will be contacted and have 14 days to respond, after which time, your donation will be redirected to the United Way of the Midlands' Community Care Fund. All payments received will be paid out on a quarterly basis.

Please note: Donor designated pledges to a named agency are assessed a fundraising and processing fee based on actual historical costs in accordance with United Way Worldwide Membership Standards, as outlined in its publication titled United Way Worldwide Costs Deduction Requirements for Membership Standard M. If applicable, an assessment for noncollectable pledges may also apply. For more information please contact support@uwmidlands.org.

**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.

**If you have any questions when filling out this form, please contact [DE@uwmidlands.org](mailto:DE@uwmidlands.org).**