

PLEDGE FORM

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

United Way
of the Midlands



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 -

GET INVOLVED

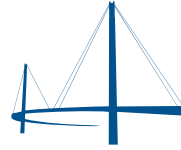
LEADERS IN GIVING



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.

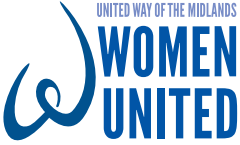


BRIDGEBUILDERS SOCIETY

\$1,000 minimum donation

Be a trailblazer where your interest and generosity can lead to impactful change for our neighbors.

AFFINITY GROUPS



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:

\$ _____

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.



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:

\$ _____

JAG Nebraska

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

PAYMENT OPTIONS

MY TOTAL ANNUAL GIFT IS: \$ _____

PAYMENT OPTIONS:

PAYROLL DEDUCTION (Workplace campaigns only) \$ _____ per pay period _____ 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. \$ _____

STOCKS/SECURITIES For information on giving stocks or securities, visit 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

SIGN AND DATE

SIGNATURE (REQUIRED)

DATE

THANK YOU!

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.

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.