

# PLEDGE FORM

## 1 MY INFORMATION

Mr.  
 Mrs. \_\_\_\_\_  
 Ms. FIRST NAME M.I. LAST NAME  
 Atty.  
 Dr. \_\_\_\_\_  
 HOME ADDRESS EMAIL ADDRESS

CITY STATE ZIP HOME PHONE

EMPLOYER WORK PHONE

Please recognize my leadership gift (gifts above \$1,000) as follows: \_\_\_\_\_  
 Please combine my gift with my spouse's/partner's gift:  
 Spouse's/Partner's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

## 2 MY GIFT

<input type="checkbox"/> <b>Payroll Deduction</b> \$ _____ per pay period X (times) <input type="checkbox"/> Weekly (52) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Monthly (12) <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>Other Ways to Give</b> My pledge of \$ _____ to be paid as follows: <input type="checkbox"/> Cash <input type="checkbox"/> Check (payable to United Way) <input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Account No. _____ Exp. Date _____ <input type="checkbox"/> Bill me: <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time (\$100 minimum donation required) <input type="checkbox"/> Securities: Shares/Stock _____ Brokerage _____ Est. Value \$ _____
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MY TOTAL GIFT IS:	X _____
\$ _____	SIGNATURE (I hereby agree to pay my gift) _____ DATE _____

## 3 MY IMPACT

<input type="checkbox"/> <b>COMMUNITY FUND</b> I want to help everyone supported by the United Way of Youngstown and the Mahoning Valley.	<input type="checkbox"/> <b>EDUCATION</b> I want to prepare students for academic success, including the Success By 6 initiative.	<input type="checkbox"/> <b>INCOME</b> I want to provide low to moderate income individuals and families with the tools and resources to become financially stable.	<input type="checkbox"/> <b>HEALTH</b> I want to improve the health of children, individuals & families through expanded access, preventative care and healthy behaviors.	<input type="checkbox"/> <b>COMMUNITY SUPPORT</b> I want to support programs that provide basic or emergency services.
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Optional:  
 Please designate my gift to this organization: \_\_\_\_\_  
 With my \$100 total annual gift, I may designate up to one-half to a specific non-profit organization that provides health and human services in the local area. The other half of my gift will support the Community Care Fund. If the agency I designate does not qualify as a local 501(c)3 health and human service organization, then my gift will automatically revert to the Community Care Fund.

