



United Way of Youngstown

2018 CAMPAIGN

PLEDGE FORM

255 Watt Street • Youngstown, OH 44505

330.746.8494 • 330.746.4525 Fax

www.ymvunitedway.org

A. MY INFORMATION

Mr./ Mrs./ Ms. First Name M.I. Last Name Date of Birth

Home Address City State Zip

Employer Primary Phone Alternate Phone

* PLEASE PROVIDE YOUR EMAIL TO SEE YOUR CONTRIBUTION AT WORK: _____

I am interested in volunteering and/ or Women United! Email: _____

Please combine my gift _____

with my spouse/significant other: Spouse/ Significant other Name Employer

LEADERSHIP CLUB \$1,000 OR ABOVE

BECOME A LEADERSHIP DONOR

- Less than \$20/ week (Min. \$1,000/ year)
- First time Leadership gifts will be matched making your gift worth \$2,000

BECOME AN EMERGING LEADER

- Increase your gift to at least \$500 and the Gelbman Foundation will match it!
- You will be recognized as an Emerging Leader.

Please list my/our name(s) as: _____ I/we prefer to remain anonymous.

B. MY GIFT

EASY PAYROLL DEDUCTION

\$50 \$25 \$20 \$15 \$10 \$5 Other \$ _____

Your Pay Period 24 (twice a month)
 26 (every two weeks) = \$ _____
 52 (once a week)
 One time

ONE TIME GIFT \$ _____ Payment Attached: Cash Check Credit Card
 One time \$ _____ Monthly \$ _____ Visa Mastercard American Express Discover
 Account No. _____ Exp. Date _____

Bill me: Quarterly One Time Specify How I Want to Be Billed _____

IMAGINATION LIBRARY. Give the gift of reading.
 In **addition** to my annual or one time gift, I would like to provide a child with one book a month at the cost of \$25/yr

PLEASE ADD THIS AMOUNT TO: Payroll Gift Total One time gift Bill me total

My Gift \$ _____
 Imagination Library gift..... + \$ _____
TOTAL GIFT = \$ _____

C. MY IMPACT

Please check one:

COMMUNITY IMPACT FUND—THE BEST WAY TO HELP THE MOST PEOPLE

OR:

Please designate my gift to another United Way or 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 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 Fund.

No goods or services as whole or partial consideration are provided in exchange for this contribution. We do not rent, trade or sell lists of donors. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2, or other employer documentation showing the amount withheld and paid to a charitable organization. Please consult your tax advisor for more information.

ORIGINAL – United Way

MAKE COPY – Company Payroll/Donor

(Required)

MY SIGNATURE _____

DATE _____

THANK YOU!

UNITED WE FIGHT UNITED WE WIN

LIVE UNITED

WIN A 2018 CHEVY CRUZE OR \$15,000 CASH! DONATE \$260 OR MORE A YEAR.

TO QUALIFY FOR THE GREENWOOD CHEVY CRUZE OR \$15,000 CASH GIVEAWAY

Give at least the following per pay period:

- \$5 - Weekly
- \$10 - Every Two Weeks
- \$11 - Twice-a-Month
- \$22 - Monthly

