

2021 Donor Pledge Form

United Way of Marion
and Taylor Counties



STEP 1: Provide your contact information

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____

COMPANY NAME _____

Emerging Leaders
I'm a young leader and would like to connect with United Way and immerse myself in our community.
-Yearly contribution of \$100 or above -Age range (20-40 years old)

Loyal Contributor
I've been contributing to United Way since _____. (Includes any United Way)

Volunteer
I would like information on volunteering.



STEP 2: Choose how you would like to make your gift

TOTAL GIFT AMOUNT \$ _____

EASY PAYROLL DEDUCTION

\$ _____ X _____ = \$ _____
Amount Per Pay Number of Pay Periods Total Gift Amount

CHECK Check # _____ **CASH**
Payable to United Way of Marion and Taylor Counties

BILL ME Now One Time- Jan. 1st Quarterly in 2021

CREDIT CARD

_____ / _____
Credit Card No. Exp. Date.

STEP 3: Provide your leadership preferences (if applicable)



Combine my giving with: _____
Name of Combined Giver

- ___ **Advocate** \$500-\$999
- ___ **Partner** \$1,500-\$1,999
- ___ **Pillar** \$2,500-\$2,999
- ___ **Pioneer** \$5,000-\$9,999
- ___ **Leader** \$1,000-\$1,499
- ___ **Champion** \$2,000-\$2,499
- ___ **Visionary** \$3,000-\$4,999
- ___ **Tocqueville** \$10,000+

For publishing recognition, please list my name as follows: (Include additional person's name if preferred)

I/We prefer to not be published

STEP 4: Direct how to invest your gift

United Way Community Impact Fund
The most powerful way to invest your contribution. Trained volunteers study community conditions and meet with every agency applying for funding to ensure informed decisions are made before investing your gift locally.

Taylor Community Impact Fund
Directs your gift specifically to programs and funded partners serving Taylor County.

Designated Gift Organization must be a 501(c)(3) nonprofit. If not a United Way funded agency, administrative costs will be deducted. A \$50 minimum contribution is required for this option.

THE AGENCY'S COMPLETE NAME AND ADDRESS	AMOUNT
_____	\$ _____
_____	\$ _____

Release my information Please release my name, address, and gift information to the charities I have designated my gift.

STEP 5: Sign and date here to authorize your pledge and confirm payment

Signature: _____ Date: _____

Thank You!

No compensation, goods, or services have been given to the donor from United Way of Marion and Taylor Counties in return for this contribution.