

United Way Pledge Form



of Greater Oswego County
www.oswegounitedway.org

Mr. Mrs. Ms. Dr. First Name _____ MI _____ Last Name _____

Home Address _____

State _____ Zip _____ Home Phone _____ Daytime phone _____

Company Name _____

Home email address* _____

- I would like a confirmation of my gift.
- My copy of this form confirms my gift.

*Personal information, including e-mail addresses, is never shared with third parties.

INSTRUCTIONS:

Please fill out the sections below completely and return to your Campaign Coordinator. Your gift is tax deductible to the fullest extent allowed by law.

Easy Payroll Deduction

I would like to support the community with the following deduction gift per pay period

- \$25 \$10 \$5 \$2.50 \$1.00 Other Amounts \$ _____

- My period is: Weekly (52 per year) Twice a month (24 per year)
 Every 2 Weeks (26 per year) Other _____

If NOT using Payroll Deduction, please indicate the following:

- \$ _____ Amount
- Check enclosed, payable to
United Way of Greater Oswego County
 - Credit Card Charge
Card Number _____
Exp. Date _____
 American Express Master Card Visa
 - Direct Billing: (Billed Quarterly)

For Leadership Givers

My gift of \$500 or more qualifies me as a Leadership Giver.
 In recognition of my Leadership gift, please list my/our name(s) as follows:

I prefer that my gift remains anonymous.

My Total Gift \$ _____

Please invest my gift as follows:

Community Fund The best way to help the United Way's entire family of partnering programs.

\$ _____

Targeted Care Areas:

\$ _____ Emergency Services

\$ _____ Health & Special Needs

\$ _____ Senior Services

\$ _____ Youth Development

\$ _____ Children & Family Services

Note: If you designate an ineligible agency or one which cannot be located, your gift will be directed to the Community Fund.

I would like to volunteer my time to support the United Way.

I will be retiring soon. I would like to continue supporting the United Way. For future mailings please use my home address.

Nonprofit Agency \$ _____

501 (c) (3) Tax-Exempt Nonprofit Agency, we can process a donation made to a specific non-profit agency.

Agency Name _____

Address _____

City _____

State _____ Zip _____

Please sign here to authorize your pledge.

Signature _____ Date _____

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. 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 document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

Thank You