MY COMMUNITY INVESTMENT

UNITED WAY Adams County

https://facebook.com/adamscountyunitedway

UNITED WAY OF ADAMS COUNTY, 218 E. Monroe Street Decatur, IN., 46733 (260) 728 - 2056

1 MY INFORMATION

❑ **Mr.** ❑ **Mrs.** ❑ **Ms.** ❑ **Dr.**

NAME _____

HOME ADDRESS _____ CITY / STATE /ZIP _____

PHONE _____ EMPLOYER _____

❑ I am retired ❑ I am planning to retire in the next 12 months.

Please provide your e-mail address so we can show you how your contribution is making a difference.

E-MAIL _____

2 MY PAYMENT OPTIONS

Total annual giving of $500 or more qualifies for designation as a Leadership Giver!

PAYROLL DEDUCTION OPTIONS

❑ I would like to give one hour's pay per month. Amount $_____ Total pledged amount (x12) $ _____

❑ I would like to give $_____ per pay period

I receive my paycheck: ❑ Weekly (52 pays) ❑ Every two weeks (26 pays) ❑ Monthly (12 pays)

Total pledged (Amount x number of pay periods) $_____

OTHER GIVING OPTIONS

❑ My gift of $_____ is attached: ❑ Cash ❑ Check payable to United Way of Adams County

❑ Please bill me for my gift of $_____: ❑ Once ❑ **Quarterly** *(Please be sure complete mailing address is included in Section 1.)*

❑ Credit Card: For your protection we can only accept your credit card information on our web site : **unitedwayofadamscounty.com.**

For gifts of stock or real estate or to remember United Way of Adams County in your will, please call us at 260-728-2056.

3 MY INVESTMENT

OPTION A

❑ I want to help the most people possible by contributing to the United Way of Adams County General Fund.

OPTION B

❑ I wish to designate a portion of my pledge **(Minimum of $25)** to the following **Human Service non-profit agency that serves Adams County residents** OR **other United Way.** Agencies are required to provide 501 (c) 3 documentation to be eligible or donation will revert to the United Way general fund.

Amount $ _____ Organization_____

Address_____

4 MY RECOGNITION

Please be sure to complete this section and sign below to authorize your pledge. *(Check all that apply)*

❑ I wish for my gift to remain anonymous.

❑ I wish to combine my gift with that of my spouse/partner. (Full name): _____

THANK YOU VERY MUCH FOR YOUR SUPPORT.

NO COMMERCIAL GOODS OR SERVICES WERE RECEIVED FOR THIS CONTRIBUTION.

SIGNATURE _____ DATE _____

If you choose to contribute by payroll deduction, IRS regulations require you to retain a copy of this pledge form, in addition to your pay stub or W-2 form, to document your gift to the United Way of Adams County (EIN 35-1846627)

DISTRIBUTION: WHITE COPY - UNITED WAY OF ADAMS COUNTY OFFICE, YELLOW COPY – EMPLOYER, PINK COPY - DONOR