Missouri Slope Areawide United Way **PLEDGE FORM** msaunitedway.org



MY CONTACT INFORMATION

MR/MRS/MS/DR FIRST NAME	MIDDLE LAST NAME	MALE FEMALE
DATE OF BIRTH (<i>MM/DD/YYYY</i>)	HOME ADDRESS (For credit card charges, address listed must be your billing address.) APT CITY	
STATE ZIP WORK P	HONE COMPANY NAME	
PERSONAL PHONE	PREFERRED EMAIL	

MY UNITED WAY INVESTMENT

A. Method of Payment (Please select payroll deduction or other payment option.)

EASY PAYROLL DEDUCTION		OTHER OPTIONS Cash \$		
A. Number of pay periods		Check made out to MSA United Way. Check #		
B. Amount per pay period:	Bill Me with credit card, check or stock transfer. Choose your billing preference:			
□\$50 □\$40 □\$30 □\$20 □\$10	OR	\square Monthly \square Quarterly \square Semiannually \square Once $\frac{1}{Billing date (MM/YY)}$		
Other \$	Credit/Debit Card: Visa/MasterCard/Discover Number			
TOTAL AMOUNT (AxB)		Expiration Zip CVC TOTAL AMOUNT		

B. Recognition

I would like to designate my \$5,000+ gift to the MSA United Way Endowment Fund to qualify for the 40% ND Tax Credit.

 \square I am a Loyal Contributor, I have been investing in my community with United Way since _

□ My contribution is part of a household investment. Please combine my gift with my spouse/family member:

Name	Employer	Combined Total \$		
\square Please recognize my/our name as follows _		Hero Club		
 I prefer that my/our gift remain anonymous. My/our gift of \$500+ qualifies for membership in the Hero Club. I would like to be recognized as a member of Women United with my gift of \$500+. 			\$2,500 - \$4,999 \$5,000 - \$9,999	
		Gold \$1,500 - \$2,499 Tocqueville \$10,000 +		
		Women United		
□ I have included United Way in my will/estate	e plans.	Emerald \$500 - \$749 Diamond \$2,500 - \$4,99 Ruby \$750 - \$1,499 Hope Diamond \$5,000 - \$9,99		
\Box I'm retiring this year.		Sapphire \$1,500 - \$2,499 Tocqueville \$10,000 +		

□ INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund. AMOUNT \$

SIGNATURE		DATE						
OPTIONAL - Choose how you want to invest in your community.								
EDUCATION Help children reach their full potential.	INCOME Help families become financially stable and independent.	AMOUNT HEALTH Promote h and active lifestyles for						
□ IMAGINATION LIBRARY Sponsor a child (\$25 provides a local child with one free book each month	Create a Hunger-Free ND \$5 supports one weekend of food through UW's Backpack Program	EMERGENCY HO SHELTER Help prov our most vulnerable p	vide shelter for					
for a year.) I would like \$to go to	o the following agency. Agency		ομαιατιση.					

(Agency list at msaunitedway.org)

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.