

# PLEDGE FORM



## CONTACT INFORMATION

DR.  MR.  MRS.  MS.  MALE  FEMALE BIRTHDAY \_\_\_\_\_

NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREFERRED EMAIL \_\_\_\_\_  WORK  HOME

PREFERRED PHONE \_\_\_\_\_  CELL  WORK  HOME

ALTERNATE PHONE \_\_\_\_\_  CELL  WORK  HOME

## GIFT INFORMATION

Payroll Deduction

\$40  \$20  \$10  \$5  \$ \_\_\_\_\_ x \_\_\_\_\_ Pay Periods\* =  Total Annual Gift

\*Pay period schedule: Weekly = 52 Every other week = 26 Twice per month = 24 Monthly = 12

**A donation of \$19.25 or more per week qualifies you for the Leadership Circle.**

One-Time Gift

\$1,000 (Leadership Circle)  \$500  \$250  \$100  \$ \_\_\_\_\_

Payable by:

Check (attach and return to your company coordinator; make payable to **United Way of Bucks County**)

Credit Card: # \_\_\_\_\_ exp: \_\_\_\_\_

Stock (call 215.949.1660, ext. 111 for more information)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to your company coordinator. For a record of this gift, please make a copy of this form and/or use your end of year W-2 or cancelled check.

# THANK YOU.

Today, you changed someone's life.

Thanks to you, a child gets a great start; a family remains stable and intact; and an older resident is cared for and nourished.

For maximum impact, use only the front of the form. Your gift will be directed to the greatest needs in our community.

If you need to target your gift, complete the optional form below.

**LIVE UNITED**



United Way  
of Bucks County

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## OPTIONAL FORM FOR TARGETED GIFTS

### TOTAL ANNUAL GIFT from front of form

\$/% \_\_\_\_\_

### How would you like to target your gift?

**Community Impact Fund** benefitting all areas.

\$/% \_\_\_\_\_

**Education** supporting young children and their families.

\$/% \_\_\_\_\_

**Emergency Assistance** helping people through tough times.

\$/% \_\_\_\_\_

**Food and Health** preventing malnutrition and improving health.

\$/% \_\_\_\_\_

**Bucks County Women's Initiative** supporting girls' science, technology, engineering, and math (STEM) education.

\$/% \_\_\_\_\_

**Bucks Knocks Out Hunger** fighting hunger locally.

\$/% \_\_\_\_\_

### SPECIFIC CARE\*

As a courtesy to donors, gifts can be directed to 501(c)(3) human service organizations. The minimum annual gift is \$50, and a paper or electronic pledge form must be filled out **annually** by donors. Specific care gifts can NOT be rolled over without an annual pledge form.

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

\* Gifts targeted to specific agencies or other United Ways require special handling. A processing fee of 12% for lump sum and up to 20% for payroll deduction gifts will be applied. To learn more about how and why fees are assessed, visit [www.uwbucks.org/FAQS](http://www.uwbucks.org/FAQS).

Signature \_\_\_\_\_