

PLEDGE FORM



TELL US ABOUT YOURSELF

FIRST NAME*				LAST NAME*			
HOME ADDRESS*							
CITY*				STATE*			
				ZIP*			
PREFERRED PHONE*				☐ Home ☐ Mobile ☐ Work			
PERSONAL EMAIL*				☐ I prefer electronic communication			
COMPANY*				DEPT/BRANCH			
☐ I would like to be recognized with my spouse/partner.				NAME			
				COMPANY			
HOW YOU WOULD LIKE YOUR NAME(S) DISPLAYED IN PUBLICATIONS*				☐ I wish to remain anonymous			

* Required Field

MANAGE YOUR DONATION

☐ PAYROLL DEDUCTION \$ _____ total gift

\$ _____ . _____ per pay period × _____ pay periods annually = total gift

Minimum pledges - \$1.00 per week

☐ CREDIT/DEBIT CARD \$ _____ total gift

Make a secure credit card donation at unitedwaygcr.org/pledge

☐ CHECK \$ _____ total gift

Personal check made payable to United Way of the Greater Capital Region (remit to address below).

☐ SECURITY/STOCKS

Please contact me with details on how to transfer.

GIFT DESIGNATION IS OFFERED AS AN OPTIONAL SERVICE.

☐ DESIGNATE \$ _____ of my gift to the following 501(c)(3) nonprofit organization

☐ ORGANIZATION LEGAL NAME* _____

☐ NONPROFIT EIN* _____ ☐ ZIP CODE* _____

☐ PLEASE DO NOT release my information to this organization

SIGNATURE

BE A LEADER

PLEASE SEND ME INFORMATION ON:

☐ TOCQUEVILLE SOCIETY

A network of passionate philanthropic community champions who donate \$10,000+

☐ LEADERSHIP GIVER

A network of passionate donors of \$1,000+

☐ UNITEDTOVOLUNTEER.ORG

A free volunteer platform to make an impact in your community

☐ WOMEN UNITED

A network of philanthropic women looking to create change that positively affects local women and families.

☐ BOARD MEMBER/CAMPAIGN CABINET

Make a bigger impact by becoming directly involved in United Way's work

☐ Estate Planning

I would like to include United Way in my estate planning.

THANK YOU!

FROM STRENGTHENING LOCAL RESILIENCE TO ADVANCING HEALTH, YOUTH OPPORTUNITY, AND ECONOMIC SECURITY, UNITED WAY IS MOBILIZING COMMUNITIES TO ACTION SO ALL CAN THRIVE.

DATE

PLEASE SEE OUR WEBSITE FOR OUR DONOR POLICIES.

Please retain a copy of this form for your records. Non-United Way partner organizations are not subject to United Way GCR's accountability review. If your designated agency is unable to accept your donation, we will contact you using the information provided on this form. If we are unable to contact you within 30 days, we will direct your gift to United Way's Community Care Fund. Designated donations are subject to a nominal processing fee. For updated donor policies, please visit our website.

No goods or services were provided in exchange for this contribution. Our most recent audited financial statements and IRS 990 report are available at www.unitedwaygcr.org, www.charitiesnys.com or by contacting the Office of the Attorney General, Department of Law, Charities Bureau at (212) 416-8686 or 120 Broadway, New York, NY 10271.

Your privacy is important to us and your information will not be sold or used in any unauthorized way. Please keep a copy of this form for your tax records. Consult your tax advisor for more information.