United Way of Madison County
P.O. BOX 1200 Anderson, IN 46015 • 765-643-7493
www.unitedwaymadisonco.org

PLEDGE FORM

MY INFORMATION
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Year of Birth ___________
Name ____________________________________________
☐ Combine my pledge with my spouse/family member:
Employer (if applicable) ____________________________________________
Home Email ____________________________________________ Phone: ☐ Home ☐ Cell _________________
Home Address (For credit card charges, address listed must be your billing address)
__________________________________________________________________________________________________________
City ____________________________ State _______________ Zip ____________________________

HOW I WANT TO GIVE
☐ By Payroll Deduction (Information must be provided to your employer)
☐ $2 per pay ☐ $5 per pay ☐ $10 per pay ☐ $25 per pay ☐ $_____ per pay
☐ One-time payroll contribution $__________
My total gift is: $__________

☐ By Credit/Debit Card
Amount each time $ __________ ☐ Monthly ☐ Quarterly ☐ One time
Card Number:____________________________ Expiration:_________ CVV: __________
Zip Code Associated with billing of this card:_____________

☐ By Cash or Check (Enclosed)
☐ Bill Me (Minimum of $50 per billing) ☐ All at Once ☐ Monthly ☐ Quarterly

HOW I WANT TO BE RECOGNIZED
List name(s) as: ____________________________________________
☐ I prefer that my gift remain anonymous
☐ Loyal donor (Given 5 years or longer)

LEADERSHIP GIVING
☐ My gift of $500 or more qualifies me as a Leadership Giver
☐ I am age 40 or under, and my gift of $250 or more qualifies me for as an Emerging Leader Giver

WOMEN UNITED
☐ My gift of $1,000 or more qualifies me as a Women United Giver
☐ I am age 40 or under, and my gift of $365 or more qualifies me as Young Women United Giver

OPTIONAL: GIFT INVESTMENT
☐ RESTRICT _____% OF MY GIFT TO A SPECIFIC NON-PROFIT ORGANIZATION:
(Provide organization name and address. Must be a registered 501c3. A minimum of $50 per designation is required.)

☐ INVEST _____% OF MY GIFT TO PRESERVE THE LONG TERM HEALTH OF THE ORGANIZATION.

PLEASE SIGN AND DATE
SIGNATURE _______________ DATE _______________

No goods or services were provided in exchange for this contribution. United Way of Madison County is a 501c3 organization.