



**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

My total gift is:

\$

**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 \$\_\_\_\_\_

**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

