

2023-24 UNITED WAY WORKPLACE PLEDGE FORM



1 MY INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____ DEPARTMENT/DIVISION _____

HOME ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP _____

PHONE: (Choose one) HOME WORK CELL EMAIL: (Choose one) PERSONAL WORK Do not add me to your email list
We will only call if we have questions about your gift or to thank you.

Loyal Contributor - I've donated for 10 years or more I wish to remain anonymous I'm interested in volunteer opportunities!

WHAT CAN A DOLLAR DO?

\$1 per pay period (\$26/year) Provides a senior citizen with a week of healthy, therapeutic meals	\$5 per pay period (\$130/year) Provides a child with a backpack of healthy food during school breaks
\$2 per pay period (\$52/year) Provides access to training opportunities to improve a Vermonter's financial security	\$10 per pay period (\$260/year) Provides support to five working Vermonters to find affordable housing

For an overview of what your pledge can do, see the **UNITED WAY IMPACT SNAPSHOT** on the back of this form.

2 MY GIFT

I choose easy payroll deduction - I want to contribute the following amount for each pay period:

\$2 \$5 \$10 \$20 Other: _____ # of pay periods _____

I choose a direct gift of \$ _____

Cash

Personal check # _____ Please make checks payable to **United Way of Rutland County**, checks cashed upon receipt

Credit Card: VISA MC DISCOVER CARD # _____ **EXP:** _____

My Total Pledge
\$ _____

3 INVEST IN YOUR COMMUNITY

I trust United Way to invest my gift where the needs or opportunities to improve are greatest.

I prefer to support a specific United Way Impact Area:

- Health:** I want to ensure all people are able to access nutritional food, are well-housed, and physically & mentally healthy.
- Education:** I want to ensure all children are ready for school.
- Financial Stability:** I want to ensure all people are able to be financially stable and able to afford basic needs.

I want to designate my gift or a portion of my gift to another agency. Total designated amount: \$ _____

With this option 10% of your pledged gift will be retained to defray costs incurred by United Way of Rutland County to collect, process, and distribute donations and to ensure that gifts are paid to designated agencies even if pledges are not collected in full from donors. This % will be waived for gifts to other Vermont United Ways and Granite United Way in New Hampshire. Gifts pledged and collected in 2023-24 will be distributed during 2024.

Complete Agency Name: _____ **Full Address:** _____

X _____
Signature (required) _____ Date _____

Giving is a personal decision and is voluntary. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. For payroll deductions you will need a copy of your pay stub, W-2 or other employer documentation showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.