

THANKS FOR WHAT YOU DO TO LIVE UNITED

1 MY INFORMATION

FIRST NAME	M.I.	LAST NAME	
HOME EMAIL ADDRESS (GO GREEN –help reduce postage and paper)		HOME PHONE	
HOME ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER	WORK PHONE	WORK EMAIL ADDRESS	

2 MY CONTRIBUTION

My pledge of \$_____ to be paid as follows:

- | | | |
|--------------------------------|---|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Donor Advised Fund |
| <input type="checkbox"/> Check | <input type="checkbox"/> A Gift of Stock/Securities | <input type="checkbox"/> Bequest/Planned Gift |

CREDIT CARD NUMBER _____ 3 or 4/digit Security Code _____ EXPIRATION MO/YR _____

- Bill Me Bill me on ____/____ Bill me Quarterly

- I am a Loyal Contributor (10 years or more qualifies you as a Loyal Contributor). I have been contributing to United Way for ____ years.
- Recognize me as a Diamond Donor (50 years of contributing).
- Should you gift be combined with your spouse as a Leadership Gift of \$1,000 or more? If yes, please print spouse's name and employer (if applicable).
 Spouse's Name _____ Spouse's Employer _____
- I/we wish to remain anonymous
- My employer will match my gift

3 I WANT TO CHOOSE HOW TO INVEST IN MY COMMUNITY

- I choose to make the most impact on my community (Community Care Fund). This option will ensure that my donation will support programs that are reviewed by United Way volunteers for financial soundness and results. My donation will support programs that demonstrate the best potential to improve lives and create lasting change in our community.
- This option carries the same oversight and accountability as above, but allows me to choose a specific impact area. (Any remaining percentage will be applied above.)

Education
(Helping children, youth and young adults achieve their potential)

% of gift

Income
(Meeting basic needs and promoting financial stability)

% of gift

Health
(Improving people's health and well-being)

% of gift

- If you wish to direct a portion of your United Way contribution to another United Way or to a specific nonprofit, please turn to the back of this form.

Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.



If you wish to direct a portion of your United Way contribution to another nonprofit, please list them below including the organization's name, address and the amount of your gift. This gift option bypasses review and follow-up measurement by the Community Volunteer Impact Teams and all fiscal and program oversight. If the United Way has any questions about your pledge, you will be contacted at the phone/address listed above. If donations do not conform to the minimum amount or if you cannot be reached or do not respond to an inquiry, United Way will direct your contribution to the United Way of Chittenden County Community Care Fund. Minimum of \$72 per agency. Donor choice organizations must certify they have 501(C) (3) tax exempt status.
