

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

# LIVE UNITED™



## United Way of the Ozarks Pledge Form

MR/MRS/MS/DR     FIRST NAME     MI     LAST NAME  
 HOME ADDRESS     CITY  
 STATE     ZIP     HOME PHONE     DAYTIME PHONE  
 COMPANY NAME

- Register me as a **United Way Loyal Contributor** I have been contributing to United Way for \_\_\_\_\_ years.
- I'd like to hear from United Way about how my contribution is getting results.

**Want to see how your contribution is making a difference?** Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS \*

### PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

**EASY PAYROLL DEDUCTION**

My total annual gift

AMOUNT \$

A. I want to contribute the following amount each pay period:

- \$6     \$12     \$18     other

Other \$

B. I pledge  % of my salary, for

a total gift of \$

**DIRECT GIFT**

AMOUNT \$

Direct gift to be paid by:

- Cash  
 Personal check (enclosed)

**MY GIFT OF \$500 OR MORE**

qualifies me for membership in the Circle of Change. My name will be listed as it appears above.

AMOUNT \$

Please list my/our name(s) as follows:

.....  
.....

I prefer that my gift remain anonymous.

### PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

— option A —

**INFLUENCE THE CONDITION OF ALL. United Way Community Investment Fund.**

The most powerful way to invest your contribution. Your contribution supports programs our partner agencies develop to address critical issues.

AMOUNT \$

— option B —

**AGENCY DESIGNATION. Agency** \_\_\_\_\_

Please direct ALL or \_\_\_\_\_% of my contribution to the following United Way agency:

AMOUNT \$

Please direct ALL or \_\_\_\_\_% of my contribution to the following United Way agency:

AMOUNT \$

— option C —

**WOMEN'S INITIATIVE. Female Leaders in Philanthropy. A gift of \$500 or more to be invested in:**

- Children at Risk     Healthy Families     Basic Needs & Self Sufficiency

AMOUNT \$

The mission of the United Way of the Ozarks is to increase understanding of human needs and to mobilize resources to meet those needs.

Signature \_\_\_\_\_

Please check the accuracy of all your entries.  
Thanks for investing in United Way.

Thank you for your contribution through the United Way campaign. 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.

320 N. Jefferson • Springfield, MO 65806-1109 • (417) 863-7700 • Fax: (417) 863-9102 • www.uwozarks.com

White - United Way Yellow - Company Pink - Donor