

Donor Information			
United Way of the Ozarks will not release or sell donor information			
First Name	Last Name	Company/Employer	
Home Address	City	State	Zip
Preferred Email	Home Phone		Work Phone
Signature Required		Date	

Easy Payroll Deduction	Other Pledge Options
Per Pay Period: <input type="checkbox"/> \$6 <input type="checkbox"/> \$12 <input type="checkbox"/> \$18 <input type="checkbox"/> \$24 <input type="checkbox"/> Other \$ _____ Number of Pay Periods: _____ My Pay Period is: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 2 times/month <input type="checkbox"/> Monthly  <b>My total annual gift is \$ _____</b>	Direct Gift: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Bill: <input type="checkbox"/> One time in the month of: _____ <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Electronic Transfer <b>My total annual gift is \$ _____</b>  <b>OR I pledge _____% of my salary, for          a total gift of \$ _____</b>

Leadership Giving	Women's Initiative/FLIP
<input type="checkbox"/> <b>Circle of Change</b> — A donation or combined gift with household member totaling \$500 or more.  _____ Please print name(s) as indicated above.	<input type="checkbox"/> Children at Risk <input type="checkbox"/> Healthy Families <input type="checkbox"/> Basic Needs & Self Sufficiency

Invest in Our Community
<input type="checkbox"/> <b>Advance the common good. Make the greatest impact with your contribution.</b> Your contribution supports programs provided by partner agencies. Program requests from agencies are reviewed by volunteers, who recommend funding to the Board of Directors. Funding focuses on Children At Risk, Access to Healthcare, Healthy Families, Successful Youth, Safe Neighborhoods, Basic Needs & Self Sufficiency.
<input type="checkbox"/> Designated Contribution                      Agency Name—A United Way of the Ozarks Partner Agency  Amount \$ _____
Thank you for your contribution through the United Way campaign.



# LIVE UNITED Pledge Form

**United Way of the Ozarks**  
 320 N. Jefferson  
 Springfield, MO 65806-1109  
 (417) 863-7700  
 Fax: (417) 863-9102  
 www.uwozarks.com

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.

White - United Way of the Ozarks  
 Yellow - Company  
 Pink - Donor

