

# United Way of the Ozarks – Pledge Form

United Way of the Ozarks will not release or sell donor information. All information is confidential.

## Donor Information

Dr.  Mr.  Mrs.  Ms.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My company: \_\_\_\_\_

Yes, my spouse is a donor! Name & Company: \_\_\_\_\_

## Payroll Giving

**TOTAL GIFT \$ \_\_\_\_\_**

Divide by pay period

One-time deduction  
Month \_\_\_\_\_

Gift of **\$500** = **\$42** per month

Gift of **\$1,000** = **\$84** per month

## Non-payroll Gifts

Attached is my one-time gift of \$ \_\_\_\_\_  
(Cash or Check payable to United Way of the Ozarks)

Bill Me \$ \_\_\_\_\_ Starting in January at the address above  
 Monthly  Quarterly  Annually

Please contact me with information on:  
 Planned Giving  Donating Stock

To donate by credit card:  
**www.uwozarks.com** or **text Ozarks to 41444**

I wish to designate \_\_\_\_\_% of my gift to the following United Way initiative:

Childhood Success  Youth Success  Financial Stability  Access to Health  Cancer Fund  Veterans Fund

I wish to designate \_\_\_\_\_% of my gift to the following United Way agency: \_\_\_\_\_

I prefer for my gift to remain anonymous

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This pledge can be changed or revoked only by the donor. Thank you for your contribution to the United Way!*

White - United Way of the Ozarks      Yellow - Company



**United Way of the Ozarks**

## Childhood Success

*Children enter school ready and are successful in primary school*

**\$1** a day provides critical services for **183 children** to stay in school

## Youth Success

*Youth gain the knowledge, skills, and credentials to obtain family-sustaining employment*

**\$1** a day provides a fun, health-focused, character driven after-school program for **8 youth**

## Financial Stability

*Individuals/families improve their socio-economic status*

**\$1** a day provides basic needs, shelter and case management for **1 victim** of domestic violence

## Access to Health

*Individuals/families have access to healthcare and improve health*

**\$1** a day can support a mental health support group for **1 year**