

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

# LIVE UNITED™

UNITED WAY PLEDGE FORM...PLEASE PRINT



United Way  
of Jackson County

769 Spring Street  
Medford, OR 97504

Mr./Ms./Mrs./Dr \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Want to see how your contribution is making a difference? Please provide us with your home email address so we can share opportunities to give, advocate and volunteer. Our privacy promise to you: we will NEVER sell, rent or share your personal information with anyone - your support means too much to us.

Home Email: \_\_\_\_\_

**UnitedWayofJacksonCounty.org**

United Way of Jackson County group  
 uwjackson

### Non-coercion Policy:

*We believe in the voluntary spirit of giving. Coercion is unacceptable in any form.*

### LOYAL CONTRIBUTOR

Register me for the United Way Loyal Contributor Programs.

I have been a contributor since: \_\_\_\_\_  
(year)

### PLEASE SELECT PAYROLL DEDUCTION, DIRECT GIFT, BILLING, EFT, OR CREDIT CARD OPTION

#### Easy Payroll Deduction

Amount of deduction  
per pay period : \_\_\_\_\_

Please deduct the above amount:

- Weekly (52 times per year)
- Every 2 weeks (26 times per year)
- Twice a month (24 times per year)
- Monthly (12 times per year)
- \_\_\_\_\_ (Other number per year)

#### Options below (minimum annual amount \$50)

- Bill Me (PROVIDE BILLING ADDRESS ABOVE)
- EFT (ATTACH VOIDED CHECK)
- Credit/Debit Card
  - Discover
  - Master Card
  - Visa

Card # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date: \_\_\_\_\_

#### Direct Gift

- Cash
- Check

Frequency: Amount each frequency:

- One Time \$ \_\_\_\_\_
- Quarterly \$ \_\_\_\_\_
- Annually \$ \_\_\_\_\_

**TOTAL GIFT (please include all amounts above) \$ \_\_\_\_\_**

**SIGNATURE** (Required) \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE CHOOSE HOW YOU WANT TO INVEST IN OUR COMMUNITY

#### Influence the condition of all. United Way community fund

The most powerful way to invest your contribution.

- Education Amount \$ \_\_\_\_\_  
Helping children and youth achieve their potential
- Income Amount \$ \_\_\_\_\_  
Helping people to be financially stable and independent
- Health Amount \$ \_\_\_\_\_  
Promoting healthy lifestyles
- HOPE Chest emergency fund Amount \$ \_\_\_\_\_

Designated contribution to the following tax exempt organization: (Minimum gift per designation - \$50)

\_\_\_\_\_ Amount \$ \_\_\_\_\_  **YES! DO** share my name, gift amount and contact information with designated agency  
Agency name, city and state

Exclusion - exclude the following United Way Funded Partner from receiving any of my donation:

\_\_\_\_\_  
Agency name

### LEADERSHIP

My gift of \$500 or more qualifies me for membership in the Mount McLoughlin Leadership Giving Society.

- List my name as it appears above
- List my/our name(s) as follows:

\_\_\_\_\_  
\_\_\_\_\_

- YES! DO** include my/our name(s) in United Way publications
- YES! DO** send leadership pin(s)

How likely are you to refer someone to United Way? (1 least likely and 10 most likely)

1 2 3 4 5 6 7 8 9 10

I want to know how to include United Way in my will so I can leave a legacy to my community.

*All contributions share in the cost of fundraising, administration and processing in accordance with United Way membership standards.*

**THANK YOU** for your United Way Contribution! No goods or services are provided in exchange for this contribution.

Please keep a copy of this pledge form for your tax records.