

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

LIVE UNITED™

UNITED WAY PLEDGE FORM



United Way of Jackson County

UnitedWayofJacksonCounty.org

711 East Main Street, Suite 17
Medford, OR 97504
541-773-5339

Mr/Mrs/Ms/Dr First Name MI Last Name

Address City

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 Address

Register me for the United Way Loyal Contributor's Program.

I have been a contributor for:

- 1 - 2 years
- 3 - 5 years
- 5 - 7 years
- 7 - 10 years
- More than 10 years
- More than 20 years

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)

DIRECT GIFT

- Cash
- Check

OPTIONS BELOW (minimum annual amount \$50)

- Bill Me (please provide billing address above)
- EFT*
- Credit/Debit Card
 - Discover
 - Master Card
 - Visa

Card # _____ / _____ / _____ / _____

Expiration Date: _____

Frequency: Amount each frequency:

- Monthly \$ _____
- Quarterly \$ _____
- Annually \$ _____

*For EFT (electronic funds transfer) please attach a voided check.

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:

Do not include my/our name(s) in United Way publications.

Please send leadership pin(s).

TOTAL GIFT \$ _____

SIGNATURE (REQUIRED) _____ DATE _____

Non-coercion Policy:

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

PLEASE CHOOSE HOW YOU WANT TO INVEST IN OUR COMMUNITY

option A

UNITED WAY COMMUNITY FUND. Influence the condition of all.

The most powerful way to invest your contribution.

Amount \$ _____

option B

EDUCATION

Helping children and youth achieve their potential

Amount \$ _____

INCOME

Helping people to be financially stable and independent

Amount \$ _____

HEALTH

Promoting healthy lifestyles

Amount \$ _____

option C

United Way Endowment

Amount \$ _____

HOPE Chest (emergency fund)

Amount \$ _____

United Arts Fund

Amount \$ _____

Designated contribution to the following tax exempt organization:

(Minimum gift per designation - \$50)

Amount \$ _____

Agency name and address

Exclusion - please exclude the following:

Agency name

Please do share my name, gift amount and contact information with designated agency.

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

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

THANK YOU for your United Way Contribution! No goods or services are provided in exchange for this contribution. Please keep pink copy of this form for your tax records.

White: Employer Payroll Office

Yellow: United Way

Pink: Donor