



**United Way of Madison County**  
P.O. BOX 1200 Anderson, IN 46015 • 765-643-7493  
www.unitedwaymadisonco.org

# PLEDGE FORM

## MY INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Year of Birth \_\_\_\_\_

Name \_\_\_\_\_

☐ Combine my pledge with my spouse/family member: \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_

Home Email \_\_\_\_\_ Phone: ☐ Home ☐ Cell \_\_\_\_\_

Home Address (For credit card charges, address listed must be your billing address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## HOW I WANT TO GIVE

My total gift is:

\$

☐ **By Payroll Deduction (Information must be provided to your employer)**

☐ \$2 per pay ☐ \$5 per pay ☐ \$10 per pay ☐ \$25 per pay ☐ \$\_\_\_\_\_ per pay

☐ One-time payroll contribution \$\_\_\_\_\_

☐ **By Credit/Debit Card**

Amount each time \$\_\_\_\_\_ ☐ Monthly ☐ Quarterly ☐ One time

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

Zip Code Associated with billing of this card: \_\_\_\_\_

☐ **By Cash or Check (Enclosed)**

☐ **Bill Me** (Minimum of \$50 per billing) ☐ All at Once ☐ Monthly ☐ Quarterly

## HOW I WANT TO BE RECOGNIZED

List name(s) as: \_\_\_\_\_

☐ I prefer that my gift remain anonymous

☐ Loyal donor (Given 5 years or longer)

## OPTIONAL: GIFT INVESTMENT

☐ **RESTRICT \_\_\_\_\_% OF MY GIFT TO A SPECIFIC NON-PROFIT ORGANIZATION:**

(Provide organization name and address. Must be a registered 501c3. A minimum of \$50 per designation is required.)

☐ **INVEST \_\_\_\_\_% OF MY GIFT TO UNITED WAY'S ENDOWMENT FUND**

## PLEASE SIGN AND DATE

SIGNATURE

DATE

No goods or services were provided in exchange for this contribution. United Way of Madison County is a 501c3 organization.

