

Pledge Form

Impact Funds

Healthy Community Fund:
Improving health and
wellbeing for all

Youth Opportunity Fund:
Helping young people
realize their full potential

Financial Security Fund:
Creating a stronger financial
future for every generation

Community Resiliency Fund:
Addressing urgent needs
today for a better tomorrow

Programs



VOLUNTEER CENTER

CONTACT INFORMATION

Please print.

Name _____

Home Address _____

City/State/Zip _____

Employer _____

Date of Birth: (xx/xx/xxxx) _____

Home Phone _____

Personal Email _____

☐ *Subscribe me to your monthly newsletter.*

☐ *Subscribe me to your Volunteer Center newsletter.*

PLEDGE

How much do you want to pledge & how would you like to donate?

I PLEDGE A TOTAL OF: \$ _____

☐ Payroll Deduction (\$ _____ per pay period)

☐ I Prefer to Pay Later; Send Me a Letter

☐ Cash or Check (mail to United Way or drop off in-person)

☐ Credit Card (visit www.unitedwaymanitowoccounty.org & click DONATE)

☐ I'm interested in your sponsorship opportunities. Please call me.

IMPACT

Which impact fund or program do you want to support? Gifts can be split.

Impact Funds

☐ Healthy Community Fund

☐ Youth Opportunity Fund

☐ Financial Security Fund

☐ Community Resiliency Fund

☐ General Community Fund

Projects & Programs

☐ Anti-Hunger Projects

☐ Dolly Parton Imagination Library Program

☐ 211 Helpline Program

☐ Volunteer Center Program

☐ Women United Projects

RECOGNITION

How do you want United Way to recognize your contribution?

☐ I prefer to remain anonymous.

☐ My/Our name should read: _____

Signature _____

Date _____