

# UNITED WAY OF GREATER LAFAYETTE PLEDGE CARD

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



Please make copies as needed for your payroll department

## DONOR INFORMATION

Prefix \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone \_\_\_\_\_  Work  Home  Cell Birthdate \_\_\_\_\_ / \_\_\_\_\_  
mm yy

Preferred e-mail \_\_\_\_\_

**\*Select preferred affiliation (check all that apply)**  EMERGING LEADERS (40 & Under)  WOMEN UNITED  RETIRE UNITED

\*United Way of Greater Lafayette respects your privacy. Your information is only used to provide receipts, keep you up to date on the impact of your gift, and share other opportunities to stay involved throughout the year.

## GIFT AND PAYMENT INFORMATION

**OPTION A**  
Payroll Deduction

CONTRIBUTE: \$ \_\_\_\_\_ # of Pay Periods X \_\_\_\_\_

=Total Gift \$ \_\_\_\_\_

**OPTION C**  
Bill Me (\$50 min)

CONTRIBUTE: \$ \_\_\_\_\_

Quarterly  Monthly  Once In \_\_\_\_\_ / \_\_\_\_\_  
mm yy

**OPTION B**  
One Time Gift:

CONTRIBUTE: \$ \_\_\_\_\_

**OPTION D**  
Online Giving:

CONTRIBUTE: \$ \_\_\_\_\_

Check # \_\_\_\_\_  Cash  IRA/Donor Advised Charitable Contribution

Give by Credit Card @ [uwlafayette.org/donate](http://uwlafayette.org/donate)

Gifts can be set up as one time, weekly, monthly or quarterly re-occurring!

Contact us about Planned Giving 765-742-9077 ext. 237

## LEADERSHIP GIFTS

Please consider giving at the Vanguard level of \$1,000 or more. If your spouse/partner gives separately, you may combine your gifts for recognition at this level. Your generosity will be recognized in the Vanguard Directory, at special thank you events, and with regular communication.

Please recognize my gift in the Vanguard Directory.

Print your name below to indicate how you wish to be listed

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

I would like my spouse's/partner's name and gift recognized with mine

Name: \_\_\_\_\_

Gift: \$ \_\_\_\_\_ Workplace: \_\_\_\_\_

Total Combined Gift: \$ \_\_\_\_\_

Please do not publish my/our name in recognition materials. We would like to remain anonymous.

## MY AUTHORIZATION (signature required)

Signature: \_\_\_\_\_

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

# TOGETHER WE CAN THRIVE

## OPTIONAL (select all that apply)

I wish to support all United Way programs and agencies within the Cradle to Career Commitment with \_\_\_\_\_ % of my gift.

I wish to designate \_\_\_\_\_ % of my gift to the following programs or agencies. (\$50 minimum gift)

Please print the agency name and address below:

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

I would like United Way to request that the agency acknowledge my restricted gift

**NOTE:** Agencies receiving gift designations must meet IRS requirements for charitable gifts. Noncompliant gifts and any undesignated portions are directed to United Way of Greater Lafayette. Gifts designated to agencies unaffiliated with United Way of Greater Lafayette as a partner agency are subject to an 8% administrative fee.

PLEASE TEAR OFF THIS SECTION AND KEEP FOR ANNUAL TAX RECORDS

## DONOR RECEIPT

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

Total Pledge Amount: \$ \_\_\_\_\_

No goods or services were given in exchange for this contribution.

Follow us to learn more about the impact of your gift!



1114 State Street, Lafayette, IN 47905  
765-742-9077 [www.uwlafayette.org](http://www.uwlafayette.org)



**UNITED WAY**  
Greater Lafayette