

EMPLOYEE PLEDGE FORM



**United Way of
Northwest Michigan**

FIRST NAME	MI	LAST NAME
HOME ADDRESS	CITY	STATE ZIP
PHONE	BIRTHDATE (MM/DD/YYYY)	

Want to see how your contribution is making a difference? Please provide your email address so we can show you how your gift is making a difference and provide opportunities to give, advocate and volunteer all year long.

EMAIL ADDRESS

PLEASE SELECT PAYROLL DEDUCTION OR AN ALTERNATE PAYMENT METHOD.

☐ PAYROLL DEDUCTION

☐ ALTERNATE PAYMENT

TOTAL ANNUAL GIFT \$

A. I want to contribute the following amount each pay period:

☐ \$50 ☐ \$25 ☐ \$10 ☐ \$5

Other \$

B. I want to make a one-time payroll deduction gift of:

\$

TOTAL AMOUNT \$

Direct gift to be paid by:

☐ Cash or Check (enclosed)

☐ Bill Me (\$50 Minimum)

☐ quarterly gift of \$

☐ one-time gift of \$

☐ Securities

☐ Credit Card

Credit Card Number

Expiration Date Mo./Yr. CVC

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

option A

☐ INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund.

The most powerful way to invest your contribution, through education, basic needs and health, the building blocks for life success.

AMOUNT \$

option B

FOCUS YOUR DONATION.

☐ Basic Needs

Basic needs including housing, food, and utilities.

AMOUNT \$

☐ Education

High School graduation attainment to post secondary launch.

AMOUNT \$

☐ Health

Fighting Substance Use and supporting healthy lifestyles for youth.

AMOUNT \$

option C

☐ Restricted Contribution

AMOUNT \$

PARTNER AGENCY OR OTHER 501(C)3 ORGANIZATION NAME

Signature

Date

Please check the accuracy of all your entries.
Thank you for investing in United Way.

Refer to your payroll documents for your current UW donation. If you would like to change your donation please complete this form or simply contact your HR department at anytime to edit, launch or end your donations to UW