

GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED™

2011-2012 PLEDGE CARD



Jackson County
United Way

COMPLETE YOUR DONOR INFORMATION (PLEASE PRINT)

MR./MRS./MS./DR. _____ FIRST NAME _____ M.I. _____ LAST NAME _____

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

EMPLOYER NAME (IF GIVING THROUGH EMPLOYEE CAMPAIGN) _____

SIGNATURE (MY SIGNATURE AUTHORIZES MY PLEDGE)

Want to see how your contribution is making a difference? How would you like to be contacted?

We want to show you how your contribution provides opportunities to give, advocate, and volunteer all year long.
Please contact me by: Mail Email • Please contact me: Quarterly Semi-Annually Annually
Please keep me informed: Give Advocate Volunteer Education Health Financial Stability

HOME EMAIL ADDRESS _____

Register me for the *United Way Loyal Contributor Program*. I have been contributing to United Way since _____.

I plan on retiring in the next 12 months.

DID YOU KNOW...

87¢ of each donated dollar is invested in programs addressing the most pressing needs in our community.

We respect your privacy and do not share your personal information with third parties.

DECIDE HOW MUCH TO CONTRIBUTE AND HOW TO GIVE

MY TOTAL ANNUAL GIFT: _____

MATCHING GRANT OPPORTUNITIES!

During the 2011 Campaign, your gift can go further. Thanks to a Challenge Matching Grant offered by Indiana Association of United Ways, increased workplace campaigns, every NEW Leadership Club Level Gift, and every increased Leadership Club Level Gift will be matched dollar for dollar!

EASY PAYROLL DEDUCTION

I want to donate my **FAIR SHARE**
\$ _____ (one hours' pay per month).

I want to donate \$ _____ per pay period.

My pay period is:

- Weekly (52/year) Every 2 weeks (26/year)
 Monthly (12/year) Twice a month (24/year)
 Other _____

DIRECT GIFT (HOME ADDRESS NEEDED ABOVE)

I want to donate \$ _____ to be paid by:

- Automatic Bank Withdrawal (Please attach a voided check— an agreement will be mailed.)
 Bill Me (\$50 minimum) Starting in January at your home address:
Please check one: Monthly Quarterly Semi-Annually Annually
 Cash (Enclosed)
 Credit Card (\$50 minimum) (Discover, Mastercard & Visa)
Please check one: Monthly Quarterly Annual One-Time Gift
Account Number: _____

Exp Date: _____ 3-Digit Verification Code: _____

Personal Check Number: _____ (Please make checks payable to United Way.)

JOIN THE JACSY LEADERSHIP GIVING SOCIETY

My individual or combined gift qualifies me for:

- Tocqueville Society • \$10,000
 Anniversary • \$5,000
 Jackson Society • \$3,600
 Pacesetter • \$2,500
 Merit • \$1,300
 Booster • \$600
 Patron • \$300

Please list me in recognition as:

NAME _____

WORKPLACE AFFILIATION (IF DESIRED) _____

I prefer that my gift remain anonymous.

Thank You!

To learn more about Jackson County United Way: jacsy.org

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2, or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor. JCUW Tax ID #: 35-1068832