UNITED WAY PLEDGE FORM

601 CR 17, PO Box 3048, Elkhart, IN 46516 | crossroadsuw.org
Ph: (574) 295-1650 | give@crossroadsuw.org

Crossroads UNITED WAY

1 MY INFORMATION

I wish to remain anonymous ☐

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

First Name | M.I. | Last Name | Birthdate | Gender

Street Address | City | State | Zip Code

Primary Phone ☐ Home ☐ Mobile ☐ Work | Preferred Personal Email

Employer Name (if giving through the employer campaign)

2 MY CONTRIBUTION

EASY PAYROLL DEDUCTION

I will contribute this amount each pay period:

☐ $2 ☐ $5 ☐ $10 ☐ $15 ☐ $20

☐ Other: $ _____

Pay Periods Per Year

☐ Weekly (52) ☐ Bi-Weekly (26)

☐ Semi-Monthly (24) ☐ Monthly (12)

☐ Other Pay Period option _____

☐ **I would prefer a one-time deduction.**

TOTAL PAYROLL DEDUCTION $ _____

MAKE AN IMMEDIATE GIFT

☐ Cash ☐ Check # _____

(payable to Crossroads United Way)

☐ One-time/recurring Credit Card

To ensure your privacy, donate at:
crossroadsuw.org

☐ Donor Advised Funds

BILL ME *(starting January)*

☐ Quarterly ☐ Semi-Annually

☐ Annually

TOTAL $ _____

What Your Generosity Makes Possible

- **$2/week ($104 annually)** provides 30 meals to families when times are tough
- **$5/week ($260 annually)** supports educational success for local children
- **$10/week ($520 annually)** helps 50 local residents improve their health

Donor/Leadership Recognition

Donors giving a gift of $1000 or more will be recognized in our Annual Report.

3 MY IMPACT OPTIONS

☐ Apply my contribution where it is most needed.

☐ Invest my contribution in: ☐ Community Resiliency ☐ Healthy Community ☐ Financial Security ☐ Youth Opportunity

☐ Designate to another United Way: _____

A minimum $50 contribution is required for each designation. All designations to another United Way or nonprofits not selected as community partners are subject to a processing fee.

☐ Designate to a specific health and human services agency:

_____

Agency Name and Address (must be 501(c)(3) nonprofit)

Give a Gift of Time

☐ I would like to volunteer with Crossroads United Way.

Follow the Impact of Your Gift

☐ Keep me updated. I'd like to receive your monthly newsletter via email.

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 for more information.

Signature: _____ **Date:** _____