

UNITED WAY OF MISSOULA COUNTY PLEDGE FORM

412 W. Alder St., Missoula, MT 59802 | 406.549.6104 | missoulaunitedway.org

United Way of
Missoula County



STEP 1 MY INFORMATION Please print. Your personal information is confidential and is never sold or shared.

FIRST NAME _____ MI _____ LAST NAME _____ BIRTHDAY (MONTH/DAY/YEAR) ____/____/____

ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ WORK PHONE _____

EMAIL United Way does not sell or share emails with third parties. _____ COMPANY NAME _____

I plan to retire within the next year.
Send me options to continue my gift.

STEP 2 GIFT AMOUNT AND PAYMENT METHOD

<input type="checkbox"/> Easy Payroll Deduction I want to contribute the following amount each pay period: <input type="checkbox"/> \$3 <input type="checkbox"/> \$6 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other \$ _____ I have ____ pay periods each year. <small>(12, 24, 26, 52, etc.)</small> A total annual gift of \$ _____	<input type="checkbox"/> Direct Gift A direct gift of \$ _____ Direct gift to be paid by: <input type="checkbox"/> Cash <i>Enclosed.</i> <input type="checkbox"/> Personal Check <i>Enclosed and make payable to United Way of Missoula County.</i> Check # _____ Date _____ <input type="checkbox"/> Stock <i>United Way will call me to facilitate my stock gift.</i> <input type="checkbox"/> Credit Card <i>Fill information below.</i>	<input type="checkbox"/> Bill Me Please bill me for a pledge of \$ _____ <small>\$50 minimum donation for billing.</small> <input type="checkbox"/> Monthly <i>Be a GEM.</i> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> One time only Start date: ____/____/____ MM YY	<input type="checkbox"/> Imagination Library I would like to ADD \$30 per child to sponsor for one year in <i>Dolly Parton's Imagination Library.</i> <small>Enrolled children receive a new book in the mail once a month until age 5. The program is free to children in Missoula and Mineral counties.</small> Imagination Library Contribution \$ _____
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Credit Card Information

NAME ON CARD _____ CARD NUMBER _____ CARD TYPE _____ SECURITY NUMBER _____

My total annual gift: \$ _____

EXP. DATE ____/____/____ ZIP _____

STEP 3 GIVING OPTIONS How would you like to invest your gift?

<input type="checkbox"/> Influence the condition of all <small>The most powerful way to invest your contribution. Your gift will be combined with thousands in Missoula County to help more local families become stable and self-sufficient.</small> \$ _____	<input type="checkbox"/> Education <small>Helping children and youth achieve their potential.</small> \$ _____	<input type="checkbox"/> Health <small>Improving the health of children and families.</small> \$ _____	<input type="checkbox"/> I would like to make a gift to United Way of Missoula County's permanent endowment. \$ _____
<input type="checkbox"/> Financial Stability <small>Helping families become financially stable and independent.</small> \$ _____	<input type="checkbox"/> Fund for Ravalli County <small>Supporting nonprofit health and human service organizations in the Bitterroot Valley.</small> \$ _____	<input type="checkbox"/> I would like to continue my support of United Way. Please contact me about planned giving.	

RECOGNITION OPTIONS Please let us know how we can recognize your gift.

<input type="checkbox"/> United Way Loyal Contributors Program <small>Recognizes individuals who have given to any United Way for 5 years or more. I have been contributing to United Way for _____ years.</small>	<input type="checkbox"/> Leadership Giving Society <small>My gift of \$500 or more qualifies me for membership in the Medallion Club.</small>	<input type="checkbox"/> I/we wish to remain anonymous.
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STEP 4 PLEASE SIGN AND DATE Thank you for your support!

SIGNATURE _____ DATE _____

For IRS purposes, this form must be signed and dated by the donor. Please keep your copy.

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 employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information. United Way of Missoula County's Tax ID #: 81-0287854