

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 <small>United Way does not sell or share emails with third parties.</small>	COMPANY NAME		<input type="checkbox"/> I plan to retire within the next year. Send me options to continue my gift.

STEP 2 GIVING OPTIONS How would you like to invest your gift?

Giving to an impact area helps the most, but to select a specific program, please circle it.

Influence the condition of all

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.

\$ _____

I/we wish to remain anonymous.

Education

Dolly Parton's Imagination Library, Back-to-School Backpack Program, Zero to Five Missoula County.

\$ _____

Health

5-2-1-0 Let's Move! Missoula, Missoula Substance Use Disorder Connect, Project Tomorrow MT.

\$ _____

Financial Stability

Reaching Home: United to Address Homelessness, Housing Solutions Fund, Wildfire Ready Missoula.

\$ _____

Other

Disaster & Emergency Fund

Fund for Ravalli County

Fiscal sponsors:

Missoula Nonprofit Center

Montana Black Collective Missoula TransVisible MT.

United Way of Missoula County's Permanent Endowment

\$ _____

STEP 3 GIFT AMOUNT AND PAYMENT METHOD

Easy Payroll Deduction

I want to contribute the following amount each pay period:

\$3 \$6 \$10 \$20

other \$ _____

I have _____ pay periods each year.
(12, 24, 26, 52, etc.)

Direct Gift

A direct gift of \$ _____

Direct gift to be paid by:

Cash *Enclosed.*

Personal Check *Enclosed and make payable to United Way of Missoula County.*

Check # _____ Date _____

Stock *United Way will call me to facilitate my stock gift.*

Credit Card *Fill information below.*

Bill Me

Please bill me for a pledge of \$ _____

\$50 minimum donation for billing.

Quarterly

Semi-annually

One time only

Start date: _____ / _____
MM YY

Leadership Giving Society

Giving \$500+ annually qualifies you for membership in our Medallion Club with special events and opportunities.

Credit Card Information

NAME ON CARD

CARD NUMBER

CARD TYPE

SECURITY NUMBER

My total annual gift: \$ _____

EXP. DATE

ZIP

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

PLEASE RETAIN A COPY FOR DONOR AND PAYROLL RECORDS. ORIGINAL GOES TO UNITED WAY OF MISSOULA COUNTY.