

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

# LIVE UNITED



United Way of Cascade County

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## United Way Pledge Form

NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

*Want to see how your contribution is making a difference? Please provide your email address. We'll send you our e-newsletter, which includes success stories and more ways for you to get involved in the community. United Way respects your privacy. We do not rent, sell or share our email database, nor do we solicit by email.*

- Please email me an acknowledgement of my gift
- I'd like to hear from United Way about how my contribution is getting results.

## Please Select A Giving Option

### EASY PAYROLL DEDUCTION

I want to contribute the following amount each pay period:

- \$25    \$15    \$10    \$5    Other \_\_\_\_\_

Number of Pay Periods: \_\_\_\_\_

For a total pledge of \$ \_\_\_\_\_

### ONE TIME GIFT

*ANY ONE TIME GIFT OF OVER \$250 WILL RECEIVE A TAX RECEIPT LETTER.*

Amount: \$ \_\_\_\_\_

Direct Gift to be paid by:

- Cash or Check
- Bill me (a minimum of \$100 please)
  - Monthly    Quarterly
- Please contact me for a contribution of stock

X \_\_\_\_\_ DATE \_\_\_\_\_

YOUR SIGNATURE IS REQUIRED TO AUTHORIZE THE GIVING OPTION YOU CHOOSE ABOVE. THANK YOU.

## You May Designate Your Gift To A Community Impact Area

- EDUCATION - Helping children and youth achieve their potential
- INCOME - Promoting financial stability and independence
- HEALTH - Improving the health of youth and adults

**OR** *if you would like to donate to a specific organization please include their name and address or phone number on a separate sheet of paper. Agency must be tax exempt under IRS Code 501(c)3 and provide services in the state of Montana (minimum \$24). Political groups, churches, schools, and hospitals are not accepted.*

## Qualify As A Leadership Giver

*For more information about our Leadership Giving Program, please visit [www.uwccmt.org](http://www.uwccmt.org)*

- LEADERSHIP GIVER (Annual gift of \$1,000 or more)
- ALEXIS DE TOCQUEVILLE SOCIETY (Annual gift of \$10,000 or more)
- I WISH TO REMAIN ANONYMOUS

Please include spouse's name if you wish to be jointly recognized:

Thank you for your contribution to United Way. No compensation, goods, or services were provided in exchange for this contribution. Important tax information: Gifts made to the United Way are tax deductible within the limits of the current law. Please keep your copy of this pledge form along with your year-end pay stubs or cancelled check. It will serve as a record of your donation to meet IRS regulations.

WHITE - United Way

YELLOW - Payroll

PINK - Employee