

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

LIVE UNITED™

United Way of Northern Arizona Pledge Form



United Way of Northern Arizona

1515 E. Cedar Ave. Ste. D-1
Flagstaff, AZ 86004
Phone (928) 773-9813
Fax (928) 773-9814
www.nazunitedway.org

1. PERSONAL INFORMATION

MR/MRS/MS/DR FIRST NAME MI LAST NAME

SPOUSE/ PARTNER FULL NAME SPOUSE/ PARTNER EMPLOYER NAME

HOME ADDRESS (FOR CREDIT CARD CHARGES, ADDRESS LISTED MUST BE BILLING ADDRESS) CITY

STATE ZIP HOME PHONE WORK PHONE

EMPLOYER NAME EMPLOYEE ID

EMAIL ADDRESS (HOME ADDRESS PREFERRED)

COMBINE MY GIFT WITH SPOUSE/ PARTNER I PREFER MY GIFT REMAINS ANONYMOUS I PREFER TO NOT TO BE CONTACTED

Tell us how many years you have been GIVING, ADVOCATING, VOLUNTEERING for United Way.

1-5
 6-10
 11-15
 16-20
 20-25
 26+

2. PLEASE SELECT YOUR GIVING OPTION

PAYROLL DEDUCTION DEDUCTION AMOUNT OTHER WAYS TO GIVE (HOME ADDRESS REQUIRED ABOVE) ENDOWMENT FUND

SELECT PAY PERIOD SELECT DOLLAR AMOUNT ONE-TIME CONTRIBUTION TO BE PAID BY:

WEEKLY (52) \$50 CASH (ENCLOSED) \$ _____

BI-WEEKLY (26) \$25 PERSONAL CHECK (ENCLOSED) CK# \$ _____

SEMI-WEEKLY (24) \$10 CREDIT CARD (MINIMUM \$25) \$ _____

MONTHLY (12) 1 HR OF PAY _____ circle one: VISA MC DISC AMEX

OTHER _____ OTHER _____ CARD # _____ EXP _____

STOCKS/ SECURITIES (CALL UWNA TO FACILITATE) \$ _____

BILL ME circle one: IN FULL QTRLY MONTHLY \$ _____

ONE TIME \$5 OTHER _____

3. PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY

OPTION A _____ \$ _____

COMMUNITY INVESTMENT FUND THE MOST POWERFUL WAY TO INVEST IN YOUR COMMUNITY

OPTION B _____

EDUCATION HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL \$ _____

INCOME PROMOTING FINANCIAL STABILITY AND INDEPENDENCE \$ _____

HEALTH IMPROVE PEOPLE'S HEALTH \$ _____

HELPING THE WORKING POOR GIFT MUST BE \$100 OR MORE. HELPING THE WORKING POOR CONTRIBUTION MAY BE ELIGIBLE FOR A STATE TAX CREDIT. CONSULT YOUR TAX ADVISOR. \$ _____

OPTION C _____

RESTRICTED CONTRIBUTIONS **MUST BE \$100 OR MORE** PER AGENCY. YOU MAY DIRECT A PORTION OF YOUR CONTRIBUTION TO SUPPORT A UNITED WAY PARTNER OR ANY 501c3 NON-PROFIT ORGANIZATION (SUBJECT TO VERIFICATION AT 928-773-9813). CONTRIBUTIONS WILL REVERT TO THE COMMUNITY INVESTMENT FUND IF THE DESIGNATED AGENCY DOES NOT QUALIFY BASED ON THE ABOVE GUIDELINES OR CAN NOT BE LOCATED.

PARTNER OR AGENCY NAME, ADDRESS, PHONE, CONTACT PERSON \$ _____

TOTAL ANNUAL CONTRIBUTION (INCLUDE ALL INVESTMENT AREAS AND ENDOWMENT) \$ _____

4. PLEASE SIGN AND DATE

SIGNATURE _____ **DATE** _____

REQUIRED (YOUR SIGNATURE AUTHORIZES YOUR PLEDGE)

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 DOCUMENTS SHOWING THE AMOUNT WITHHELD AND PAID TO A CHARITABLE ORGANIZATION. CONSULT YOUR TAX ADVISOR FOR MORE INFORMATION.

THANK YOU FOR INVESTING IN UNITED WAY!
White - PAYROLL COPY • YELLOW- United Way Copy • PINK - DONOR COPY

