



# THANK YOU FOR INVESTING IN OUR COMMUNITY.

Please ensure that your gift is processed correctly by printing BOLDLY and LEGIBLY on this pledge form and by using BLUE OR BLACK INK. If you received this form pre-printed with someone else's information, please contact your Employee Campaign Coordinator.

FOR UNITED WAY USE ONLY

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**1. PLEASE PROVIDE YOUR INFORMATION IN THE SPACE BELOW.**

PREFIX	FIRST NAME	M.I.	LAST NAME					SUFFIX	
HOME ADDRESS						APARTMENT NUMBER	CITY		
STATE	ZIP CODE	EMPLOYER				DEPARTMENT			
EMAIL ADDRESS				HOME	BUSINESS	TELEPHONE: HOME BUSINESS			

**2. CHOOSE THE AMOUNT AND METHOD OF PAYMENT**

**My Total Annual Gift = \$**

I have selected the following method of payment:

PAYROLL DEDUCTION  
 My pay period is (# of times paid per year):  
 Weekly (52)  Bi-weekly (26)  Semi-Monthly (24)  Monthly (12)  OTHER \_\_\_\_\_

I want to contribute the following per pay period:  
 \$50  \$25  \$10  \$5  \$3  OTHER \_\_\_\_\_

CREDIT CARD We accept:  VISA  MASTERCARD  AMEX

CARD #  EXPIRATION DATE (MM-YY)

PERSONAL CHECK/CASH (please attach check and make payable to Heritage United Way)

PLEASE BILL ME (\$50 minimum)  Quarterly  Once

STOCK GIFT (Please call Heritage United Way at 603.625.6939, ext. 16)

BILL DATE (MM-YY)

**Leadership Gifts of \$1,000 or more**

I have contributed \$1,000 or more. Please list me as a member of the Leadership Society.

Please print your name as you would like it to appear in the United Way Leadership Registry.

I wish to remain anonymous. Please do not include me in the Leadership Registry.

**3.  I want to LIVE UNITED — Maximize my impact by investing in proven solutions that advance the common good**

*Check this box to support all impact areas*

**Optional: Check below to focus your investment on a specific impact area or areas.**

- Education & Lifelong Learning (370607) — We support access to education and skills development so that all people may participate fully in the community.
- Health & Wellness (370608) — We support access to consistent, quality medical, mental and oral health services.
- Housing & Economic Self-Sufficiency (370609) — We support access to quality, affordable housing and the ability to acquire assets for self-sufficiency.

**4. PLEASE SIGN AND DATE**

**X** SIGNATURE \_\_\_\_\_ DATE (MONTH-DAY-YEAR) \_\_\_\_\_

- I am a Loyal Contributor. I have been giving regularly to United Way (10 or more years) since \_\_\_\_\_ (YEAR).
- I am considering remembering United Way in my will or estate plan and would like additional information.

We hope you will invest in United Way but you may also select a specific organization. Please see your Employee Campaign Coordinator or [www.heritageunitedway.org](http://www.heritageunitedway.org) for an agency list.

United Way will honor donor designations intended for a United Way partner, any United Way and/or a specific organization having 501 (c)(3) tax-exempt status.

AGENCY CODE NUMBER	HEALTH OR HUMAN SERVICE ENTITY (FULL NAME)	CITY	STATE

\$  (Minimum designation is \$52)

Check here if you DO NOT want your information released to the agency you designated to.