



United Way of Hampshire County 2019 WORKPLACE PLEDGE FORM

MY INFORMATION

COMPANY NAME

EMPLOYEE ID NUMBER (IF APPLICABLE)

MR/MRS/MS FIRST NAME

MIDDLE INITIAL

LAST NAME

SUFFIX

HOME ADDRESS

CITY

STATE

ZIP

() -

HOME WORK CELL

PREFERRED PHONE

PREFERRED E-MAIL

I have given to United Way since:

I am retiring this year

IT'S EASY TO GIVE

MY TOTAL GIFT \$

PLEASE SELECT THE PREFERRED PAYMENT TYPE

Easy Payroll Deduction I authorize my company to deduct the following amount from my payroll:

\$ _____ per paycheck X _____ pay frequency = _____ **TOTAL**

Or as one-time payroll deduction of \$ _____ UWHC advises you to confirm with your employer when payroll deductions start for this campaign year pledge.

Direct Payment Options

PERSONAL CHECK CASH CREDIT/DEBIT CARD (secure online donation at www.uwhampshire.org)

OTHER Please contact me about giving securities, direct transfer or other options

Planned Giving I have included United Way in my will or long-term plans I wish to include United Way in my will or long-term plans, please contact me

THANK YOU!

Employee Signature _____

Date _____

Donations to UWHC are tax deductible within the limits of the law. (Tax-exempt ID #04-2104792) No goods or services are provided in exchange for your pledge/donation. UWHC sends end-of-year tax receipts for direct payments of \$250 and above when a home address is provided. For gifts through payroll deduction, a copy of this form, along with your pay stub, W-2, or other employee documents showing the amount withheld and paid to a charitable organization serves as your tax record. Consult your tax advisor for more information. Please check accuracy of your entries and keep a copy of this form.

LEADERS' CIRCLE RECOGNITION

With my gift of \$1000 or more, I will be a member of the UWHC Leaders' Circle

How do you want your name(s) to appear in our publications? _____

Or, check here if you wish to remain anonymous, and you do not want your name(s) to appear in any print or digital publications.

Please combine my gift with my spouse's/partner's gift

SPOUSE'S / PARTNER'S FIRST AND LAST NAME

SPOUSE'S / PARTNER'S EMPLOYER

YOUR COMMUNITY INVESTMENT

OPTIONAL Donor Designation If you choose, you may designate your pledge to another United Way, or to an eligible 501(c)(3) agency. Designated pledges must meet the minimum requirement of **\$100 or more per designated agency**. United Way of Hampshire County does not retain a fee for gifts to our funded partners. UWHC will retain a processing fee of 18% for any other designated gift. We strongly urge you to visit our website for further information regarding our Donor Designation Policy and list of funded partners at www.uwhampshire.org/designations.

AGENCY NAME AND ADDRESS

AMOUNT \$

DO NOT RELEASE MY NAME TO DESIGNATED AGENCIES

ADDITIONAL PAGE ATTACHED