



PLEDGE FORM

At United Way, we are on a MISSION to crush poverty.

MY INFORMATION

Please print.

JOIN US FOR STUDENT SUCCESS.
Your gift helps students learn and families stay stable.
Three programs. One community. Erie first.

Name: _____
Home Address: _____
Email: _____ Phone: _____
Employer (Workplace Campaign credit): _____

MY INVESTMENT

Please choose one of the following ways to give.

A ☐ EASY PAYROLL DEDUCTION

I want to contribute the following amount each pay period:

☐ \$3 ☐ \$7 ☐ \$10 ☐ \$20

Other \$ _____

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

A total annual gift of \$ _____

B ☐ DIRECT GIFT

A direct gift of \$ _____

Direct gift to be paid by:

- ☐ Cash (enclosed)
☐ Personal check (enclosed)
made payable to **United Way of Erie County**
Check # _____ Date _____
☐ Credit Card, Stock or Real Estate
UnitedWayErie.org/Give or (814) 456-2937

C ☐ BILL ME

Please bill me for a pledge of \$ _____

- ☐ One time only
☐ Quarterly
☐ Monthly

START DATE: _____ / _____ / _____
mm yy

IMAGINATION LIBRARY

Give the gift of reading.

☐ **In addition to my annual gift, I would like to provide a child with one book a month for a year at the cost of \$30/yr.**

of children I wish to sponsor _____
x \$30 = \$ _____ *

***Please add this amount to my:**

- ☐ Payroll Deduction total
☐ Direct Gift total
☐ Bill Me total

Annual contribution (from A, B or C) \$ _____ + Imagination Library contribution \$ _____
TOTAL INVESTMENT = \$ _____

MY IMPACT

☐ **DIRECT 100% OF MY INVESTMENT TO UNITED WAY OF ERIE COUNTY'S GENERAL COMMUNITY SUPPORT**

The most powerful way to help crush poverty in Erie County.

OR direct my investment to one or both of the following:

- ☐ **STUDENT SUCCESS:** \$ _____ *My gift will ensure more local children have the tools and resources they need to succeed from birth through high school graduation, including United Way's community schools initiative.*
- ☐ **FAMILY STABILITY:** \$ _____ *My gift will help ensure more local families are able to meet their basic needs without any form of public or private assistance.*

RECOGNITION OPTIONS

Please check all that apply.

- ☐ **ANONYMOUS:** I/we wish to remain anonymous. (Names will not be published.)
- ☐ **LOYAL CONTRIBUTOR:** I/we have been giving to United Way (in any community) for 10 or more years.
- ☐ **YOUNG LEADERS SOCIETY:** I/we are under age 45 and contribute at least \$500 or under age 30 and contribute at least \$250.
- ☐ **LEADERSHIP GIVER:** I/we contribute a gift of \$1,000 or more annually.

Please check the accuracy of all your entries.

Signature: _____

Date: _____