

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

LIVE UNITED™



North Penn
United Way
www.npuw.org

United Way Pledge Form

MR/MRS/MS/DR FIRST NAME MI LAST NAME
 HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY
 STATE ZIP HOME PHONE DAYTIME PHONE
 COMPANY NAME EMPLOYEE NUMBER

- Register me for the **United Way Loyal Contributors Program** I have been contributing to United Way for ____ years.
- I'd like to hear from United Way about how my contribution is getting results.

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS * _____

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

EASY PAYROLL DEDUCTION

My total annual gift

AMOUNT \$ _____

- A. I want to contribute the following amount each pay period:
 I am paid weekly biweekly
 \$50 \$25 \$10 \$5

Other \$ _____

- B. I pledge _____ % of my salary, for a total gift of \$ _____

DIRECT GIFT

AMOUNT \$ _____

Direct gift to be paid by:

- Cash
 Personal check (enclosed)
 Bill Me quarterly
 Securities (please call 215-855-3002 when you are ready to transfer funds)
 Visa/Mastercard (please write your credit card number below or call 215-855-3002)

_____ exp _____

MY GIFT OF \$1,000 OR MORE

qualifies me for membership in the Name of Grand Leaders Club. My name will be listed as it appears above.

AMOUNT \$ _____

- Please list my/our name(s) as follows:

- I prefer that my gift remain anonymous.

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

— option A —

INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund.

The most powerful way to invest your contribution.

AMOUNT \$ _____

— option B —

EDUCATION Helping children and youth achieve their potential through education

- Improving access to quality, affordable **child care** and early learning opportunities
- Partnering with schools and parents to improve **graduation rates**
- Providing after-school and mentoring programs for **at-risk youth**
- Together with community partners, help to ensure that all children enter into **kindergarten** ready to learn

AMOUNT \$ _____

INCOME Helping families become financially stable and independent

- Supporting **basic needs** while increasing financial education
- Helping hardworking people obtain job training and **family-sustaining wages**
- Increasing affordable **housing** for **seniors** and families
- Work with partners to develop and implement strategies to improve **financial stability** and **independence** of working families

AMOUNT \$ _____

HEALTH Improving People's Health

- Increasing access to **critical healthcare services**
- Reducing substance abuse, **child abuse** and **domestic violence**
- Increasing health education and **preventive care**
- Increase **supportive services** to allow seniors to age in their homes for as long as possible

AMOUNT \$ _____

— option C —

Restricted Contribution

AGENCY NAME AND ADDRESS

AMOUNT \$ _____

Minimum Gift of \$25 for Restricted Contributions

Signature _____

Please check the accuracy of all your entries.
Thanks for investing in United Way.

PO Box 99 ♦ Hatfield, PA 19440

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 document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.