

UNITED WAY PLEDGE FORM

LIVE UNITED



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

Want to see how your contribution is making a difference?
Please provide your home email address so we can keep you informed.

HOME EMAIL ADDRESS

I'M INTERESTED IN LEARNING ABOUT

- United Way Women United®**
- United Way Commercial Real Estate Network**
- ALICE® (Asset Limited, Income Constrained, Employed)**

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT

EASY PAYROLL DEDUCTION

I want to contribute this amount each pay period:

AMOUNT \$ _____

Number of pay periods per year: _____

My total annual gift is:

AMOUNT \$ _____

I want to make a one-time payroll deduction gift of:

AMOUNT \$ _____

CASH

AMOUNT \$ _____

PERSONAL CHECK

AMOUNT \$ _____

CREDIT CARD

Visa MC AMEX DISCOVER

Card#: _____

Security Code: _____ Exp Date: _____

Signature: _____

MY GIFT OF \$1,000 OR MORE

to join United Way's Leadership Circle

MY GIFT OF \$10,000 OR MORE

to join the national Tocqueville Society

When recognizing my gift, please list my/our name(s) as follows:

I prefer to give my gift anonymously.

SECURITIES

Please call 973.993.1160, x106 when you are ready to transfer funds.

PLEASE CHOOSE HOW YOU WANT TO INVEST YOUR DONATION

Option A: The most powerful way to invest your contribution and serve community needs

UNITED WAY OF NORTHERN NEW JERSEY COMMUNITY IMPACT FUND: To support our education, income, and health work

Option B: Support one of our impact areas

EDUCATION: To prepare the next generation

- Improving access to quality, affordable child care and early learning opportunities
- Providing youth with positive school environments to help them succeed

INCOME: To rebuild financial stability

- Supporting basic needs while increasing financial competency
- Providing IRS-certified, FREE tax preparation services to maximize refunds

HEALTH: To strengthen family caregivers

- Providing services, education, and resources to support unpaid family caregivers
- Ensuring caregivers have supports in the community and workplace

Option C: Designate your gift to another nonprofit organization (please consider donating a portion to United Way)

RESTRICTED CONTRIBUTION

AMOUNT \$ _____ AGENCY NAME AND ADDRESS (OR AGENCY CODE): _____

NOTE: Designations may be made to any entity that has a valid 501(c)(3) registration and is in compliance with the USA Patriot Act. Funds designated to agencies failing to meet compliance requirements will be retained by United Way for greater community impact in northern New Jersey. Gifts to agencies outside the United Way system may be subject to a fee of 7%, not to exceed \$150, to offset processing and fundraising costs. We encourage a minimum donation of \$25 for all designated gifts.

QUESTIONS

For questions please email **Theresa Leamy** at Theresa.Leamy@UnitedWayNNJ.org or call **973.993.1160, x105**. All completed forms should be mailed to: United Way of Northern New Jersey, P.O. Box 6835, Bridgewater, NJ 08807.

Information concerning this solicitation is filed with the attorney general for the state of New Jersey and can be obtained by calling 973.504.6215. Registration with attorney general does not imply endorsement.



United Way
of Northern New Jersey