

PLEDGE FORM

United Way Pledge Processing 225 W. Vine St., Milwaukee, WI 53212 donor@unitedwaygmwc.org 414.267.8408

Please print clearly. Your information is kept confidential	ai and will not be sold or snared.
O Mr. O Mrs. O Ms. O Mx. O Dr. Name	Date of Birth/
Home Address	City State Zip
Employer	Employee ID (if applicable) O Retired
Phone ()	Cell Email O Personal O Work
O Please email me the monthly United Way newsletter with upon	lates & volunteer opportunities.
MY INVESTMENT	PAYMENT OPTIONS (required)
United Way	Total annual gift will be divided across your pay periods. CHECK PAYMENT Payable to United Way CREDIT CARD PAYMENT Start Date://_ Charge me: Once OMonthly Ouarterly Osemi-Annually Visa MasterCard Discover AmEx #
and increased gifts matched by Landmark Credit Union (Up to \$ Techquity	So,000). Society! As a member, you can also join our Donor Networks. Diversity Leadership Society: Leaders working to close the gaps for our community's diverse populations ensuring every family has
Teen Mental Wellness: Empowering Minds	connect meaningfully, and develop professionally. Pride United: LGBTQ+ leaders, allies, and advocates committed
Mental Health Improvement Fund	innovation and influence to give back, get involved, and take action in our community. Women United: A powerful network of women who strengthen our community through an investment of talent, compassion, and philanthropy
Optional designated contribution to 501(c)(3) nonprofit of your choosing of the following agency	\$ volunteering and special events. They give \$250+ annually.
O Do not release my name to the agency.	Loyal Contributor (10+ years of giving) Diamond Donor (25+ years of giving)
MY TOTAL ANNUAL GIFT \$	2 standard state (agr. years of grinning)