

GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED



United Way of North Rock County
205 North Main Street, Suite 101
Janesville, WI 53545
(608) 757-3040

www.uwnrc.org

ADVANCING THE COMMON GOOD

1

My
INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____

E-MAIL ADDRESS _____ To receive occasional updates on how your gift is making an impact. Addresses are not shared.

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

EMPLOYER _____ EMPLOYEE NUMBER, IF APPLICABLE _____

I have been a United Way contributor since _____ (year).
United Way wishes to thank and recognize Loyal Contributors who have given for 25 years or more.

2

PAYMENT INFORMATION

PLEASE CHOOSE:

- OPTION #1:**
EASY PAYROLL DEDUCTION (pick one)
- I pledge \$ _____ per pay period.
Number of pay periods _____
 - I pledge one hour's pay per month.
 - One time payroll deduction: \$ _____

My total gift: \$ _____

- OR **OPTION #2:**
DIRECT GIFT My total gift: \$ _____
- Cash
 - Check *(Enclosed - made payable to United Way)*
 - Stocks/Securities *(Please call 608-757-3040 prior to transferring funds.)*
 - VISA Mastercard
 - Acct #: _____ Exp: _____
 - Please bill me *(\$25.00 minimum)*
 - Monthly Quarterly One time: _____ *(date)*

THANK YOU

Signature _____ Date _____

LEADERSHIP CIRCLE RECOGNITION

Bronze (\$500-\$999) **Silver** (\$1,000-\$2,499) **Gold** (\$2,500-\$4,999) **Platinum** (\$5,000-\$9,999) **Alexis de Tocqueville** (\$10,000+)

THIS GIFT QUALIFIES FOR LEADERSHIP CIRCLE OR **PLEASE COMBINE MY GIFT WITH:**

Name: _____ Employer: _____

Our combined gift totals: \$ _____

PLEASE LIST MY/OUR NAME(S) AS FOLLOWS OR **I/WE WISH TO REMAIN ANONYMOUS**

Name(s): _____

DIVIDE MY DONATION BETWEEN ALL IMPACT AREAS.

OR

USE MY GIFT FOR SELECTED AREA(S).

- EDUCATION:** Helping children and youth achieve their potential.
- INCOME:** Meeting basic needs; building and sustaining self-sufficiency.
- HEALTH:** Enhancing health and supporting wellness.
- FAMILIES:** Building and sustaining strong families and communities.

If you wish to designate dollars to another United Way or one of our Program Partner agencies: Please request a designation form or print one from our website (www.uwnrc.org), and attach it to your completed pledge form.

No goods or services were provided by United Way in exchange for this contribution.

OPTIONAL

White copy - United Way

Yellow copy - Employer

Pink copy - Donor tax copy