



UNITED WAY PLEDGE FORM

P.O. Box 304 West Bend, WI 53095 | (262) 338-3821

STEP 1 MY INFORMATION Please print

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ Check if this is a new address _____ YEAR OF BIRTH _____

CITY _____ STATE _____ ZIP _____

PHONE _____ Home Cell _____

PREFERRED EMAIL ADDRESS _____ Personal Business _____

EMPLOYER _____ I plan to retire this year: _____

LEADERSHIP GIVING

West Bend Mutual Insurance Company will match NEW and INCREASED leadership level gifts dollar-for-dollar.

Will you be the leader our community needs?
Join leadership giving with a \$100/month donation.

EMERGING LEADERS

Are you a dynamic professional? Join a team that's working to improve our community.

Send me Emerging Leaders Information

STEP 2 MY DONATION

Payment Options

Credit Card -
 Number _____
 Exp. Date ____/____/____ **OR**
 List a daytime number where a United Way staff member can reach you to collect your credit card information
 Daytime No. _____

Payroll Deduction (Per Pay Period)

AMOUNT PER PAYCHECK	# OF PAY PERIODS
<input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 <input type="checkbox"/> \$3 <input type="checkbox"/> \$2 <input type="checkbox"/> \$1 <input type="checkbox"/> Other \$ _____	_____ X _____ = _____

TOTAL ANNUAL GIFT

\$ _____

Bill Me - Beginning in January, please bill me at the above address or credit card number:
 Monthly (\$25 min/month) **Quarterly** **Semi-Annually** **Annually**

Cash
 Personal Check -
 Payable to United Way (check # _____)

I am giving at Leadership Level Please combine my leadership gift with my spouse/partner _____

- Tocqueville** (\$10,000+)
 Champion (\$7,500-\$9,999)
 Believer (\$5,000-\$7,499)
 Guardian (\$3,500-\$4,999)
 Protector (\$2,000-\$3,499)
 Advocate (\$1,200-\$1,999)

STEP 3 MY SIGNATURE

Signature _____

I would like to donate stocks/securities, please contact me.

We respect your privacy and do not share your personal information with third parties. No goods or services have been received in exchange for this donation. Please retain a copy of this form for your tax records. For payroll deductions, you will need your paystub or W-2 showing total amount withheld.



LIVE UNITED



UNITED WAY AGENCY PARTNERS

- ✓ Albrecht Free Clinic
- ✓ American Red Cross
- ✓ Big Brothers Big Sisters
- ✓ Boys & Girls Clubs
- ✓ Casa Guadalupe Ed. Center
- ✓ Catholic Charities
- ✓ Easter Seals
- ✓ Elevate
- ✓ 4C Family Center
- ✓ Family Promise
- ✓ Family Service Association
- ✓ Friends
- ✓ Forward Careers
- ✓ Full Shelf Food Pantry
- ✓ Interfaith Caregivers
- ✓ Kettle Moraine YMCA
- ✓ Lakeshore Regional Child Advocacy Center
- ✓ NAMI
- ✓ Senior Citizens Activities
- ✓ The Threshold
- ✓ Youth & Family Project

MY IMPACT (Optional - Please choose one)

ALL PROGRAMS  Education Programs  Financial Stability Programs

 Health Programs  Mental Health Initiative

United Way Agency *(listed above)* _____

Designate by Community: _____

Support another community's United Way:

(please list their name, city and state)

DRIVEN TO GIVE

IT'S EASY AS 1-2-3!

Make a weekly pledge for the chance to win one of these great prizes.

\$3/WK
\$156 total

BRAND NEW CAR!

2022 Toyota Corolla Hybrid

Sponsored by Russ Darrow



\$2/WK
\$104 total

\$1,000 VISA GIFT CARD

Sponsored by R&R Insurance

\$1/WK
\$52 total

65" LG 4K SMART TV

Sponsored by Bergmann Appliance

BONUS PRIZE

YEAR OF DINING

\$600 in gift cards to Washington County restaurants

Donors will be automatically entered into the drawing for all qualifying categories. See prize details at UnitedWayOfWashingtonCounty.org/DRIVEN