

# UNITED WAY OF SOUTHERN KENTUCKY PLEDGE FORM

1110 College Street, Bowling Green, KY 42101  
270.843.3205 | uwsk.org



Our Vision: A Southern Kentucky where all residents are educated, healthy and financially stable.



## MY INFORMATION

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME	DATE OF BIRTH
HOME ADDRESS			CITY/STATE/ZIP	PHONE - HOME, CELL (CIRCLE ONE)
HOME EMAIL ADDRESS				
EMPLOYER		EMPLOYER ID (FOR COMPANY INTERNAL USE)		

**Combine with my spouse's gift:**  
 Spouse's Name: \_\_\_\_\_  
 Spouse's Employer: \_\_\_\_\_

**I plan to retire within the next year.**

## MY GIFT TO THE COMMUNITY

Please **choose one** of the following ways to give:

### A EASY PAYROLL DEDUCTION

My Pay Period is:  
 Weekly (52)       Every two weeks (26)  
 Twice a Month (24)       Monthly (12)  
 Other \_\_\_\_\_

**A. I want to contribute the following amount each pay period:**

\$50    \$25    \$10    \$5    \$3  
 Other \$ \_\_\_\_\_

**B.  3 Hours Pay Per Month \$ \_\_\_\_\_**  
 2 Hours Pay Per Month \$ \_\_\_\_\_  
*(Care Share Plus)*  
 1 Hour Pay Per Month \$ \_\_\_\_\_  
*(Care Share)*

### B DIRECT GIFT

In the amount of \$ \_\_\_\_\_ paid by:

Cash (attached)  
 Personal check (attached)  
*made payable to United Way of Southern Kentucky*  
 Check # \_\_\_\_\_ Check Date \_\_\_\_\_  
 Credit Card OR Stock  
*Call 270-843-3205 to provide information.*

### C BILL ME

In the amount of \$ \_\_\_\_\_  
*\$100 minimum donation for billing*  
 One time only on \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Quarterly  
 Monthly starting on: \_\_\_\_/\_\_\_\_/\_\_\_\_

### IMAGINATION LIBRARY

*Give the gift of reading.*

**In addition to my annual gift, I would like to provide a child with one book a month for a year at the cost of \$35/yr.**

Number of children I wish to sponsor: \_\_\_\_\_  
 x \$35 = \$ \_\_\_\_\_

### 2-1-1 CONTACT CENTER

*Give the gift of hope.*

**In addition to my annual gift, I would like to sponsor the 2-1-1 Contact Center with a donation of \$35.**

I would like to donate more than \$35: \$ \_\_\_\_\_

Annual contribution (from A, B, or C)..... \$ \_\_\_\_\_  
 Imagination Library contribution..... \$ \_\_\_\_\_  
 2-1-1 Contact Center contribution..... \$ \_\_\_\_\_

**TOTAL PLEDGE = \$ \_\_\_\_\_**

CASH: \$ \_\_\_\_\_  
 CHECK: \$ \_\_\_\_\_  
 I ALLOW PERMISSION FOR THIS TOTAL AMOUNT OF \$ \_\_\_\_\_ TO BE DEDUCTED VIA PAYROLL DEDUCTION

CHOOSE COUNTY (optional):  
 ALLEN       LOGAN  
 BARREN       METCALFE  
 BUTLER       MONROE  
 EDMONSON       SIMPSON  
 HART       WARREN

## INVESTMENT OPTIONS

Please select how you would like your gift to be used.

**OPTION 1**  **INFLUENCE THE CONDITION OF ALL (The most powerful way to invest your contribution)**  
 Your gift will be combined with thousands of others in Southern Kentucky to help more local families become stable and self-sufficient.

**OPTION 2**  **EDUCATION \$**  
 Prepare children, youth and young adults to succeed in school and life (cradle to career).  
 **INCOME \$**  
 Ensure people have the appropriate skills to maintain a living wage employment.  
 **HEALTH \$**  
 Increase access to quality, affordable health and crisis intervention services.  
 **SAFETY NET \$**  
 Basic needs are met in a timely manner through a coordinated system of resources.

## RECOGNITION OPTIONS

Please let us know how we can recognize your gift.

**LEADERSHIP CIRCLE**  
*My gift of \$1000 or more qualifies me for membership in the Leadership Circle. While all gifts are appreciated, designations to non-United Way funded programs do not qualify for Leadership Circle.*

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

**I wish to remain anonymous.**

*Please check the accuracy of all your entries.*  
**Thank you for LIVING UNITED.**

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

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.

**White Copy:** United Way **Yellow Copy:** Employer  
**Pink Copy:** Contributor