

PLEDGE FORM



UNITED WAY
Western Maine

Androscoggin | Franklin | Oxford

Please print clearly. Your personal information is kept confidential and will not be sold or shared at any time.

1 YOUR INFORMATION

NAME

HOME ADDRESS

CITY, STATE ZIP

PREFERRED PHONE

☐ CELL ☐ HOME ☐ WORK

PERSONAL EMAIL

WORK EMAIL

EMPLOYER

Combine my gift with _____ —Combined gifts totaling \$500 or more will be recognized in our Leaders Circle Publication.
NAME OF SPOUSE OR SIGNIFICANT OTHER

Please list my/our name(s) as: _____ ☐ I wish to remain anonymous

2 PAYMENT OPTIONS

☐ EASY PAYROLL DEDUCTION

I want to contribute the following amount each pay period for a full year.

MY GIFT PER PAY PERIOD

☐ \$50 ☐ \$25 ☐ \$20
☐ \$10 ☐ \$5 ☐ \$ _____
OTHER

MY TOTAL ANNUAL GIFT

\$ _____ X \$ _____ = \$ _____
GIFT PER PAY PERIOD PAY PERIODS PER YEAR TOTAL ANNUAL GIFT

☐ DIRECT GIFT

Please write the amount below and indicate your preferred giving method.

\$ _____

☐ CASH
☐ PERSONAL CHECK ENCLOSED

ck# _____

☐ Bill Me \$ _____

☐ Monthly ☐ Quarterly

☐ ONLINE CREDIT CARD

Scan this QR Code or visit uwwm.org/donate to make a monthly, quarterly, or one-time donation with your credit or debit card.



3 YOUR IMPACT

\$ _____ ANDROSCOGGIN COUNTY COMMUNITY FUND

\$ _____ FRANKLIN COUNTY COMMUNITY FUND

\$ _____ OXFORD COUNTY COMMUNITY FUND

Designate my gift to one of United Way's Priority Areas:

- ☐ Youth Opportunity
☐ Healthy Community
☐ Financial Security

4 SIGNATURE

SIGNATURE Required

DATE

Optional: Direct my contribution to another nonprofit:
Only complete this section if you would like to designate your donation or a portion of your donation to another 501(c)(3)

\$ _____ to Organization

Name _____

EIN# _____

☐ Please do not share my name and address with designated organization.

THANK YOU!

THANK YOU for your contribution to the United Way. No goods or services were provided in exchange for this contribution. If an agency you designate to is not a qualified 501(c)(3) tax-exempt organization or if the information is incomplete, we will make every effort to verify the agency. If we are unable to do so or if your restricted gift was less than \$100, your gift will be directed to our Community Fund. 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. By providing your email address, you are agreeing to receive electronic communications from United Way of Western Maine. You may unsubscribe at any time.

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