

# United Way Pledge Form

## New Employee

Give. Advocate. Volunteer.  
**LIVE UNITED**



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone (work/home/cell): \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Please return this form to your  
Human Resources Department

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>PAYROLL DEDUCTION</b>	Total: \$ _____
Gift amount: (per pay period)	
<input type="checkbox"/> \$25	<input type="checkbox"/> \$10
<input type="checkbox"/> \$20	<input type="checkbox"/> \$5
<input type="checkbox"/> \$15	<input type="checkbox"/> \$ _____
Number of Pay Periods Per Year _____	

<b>AUTOMATIC BANK PAY</b>	Total: \$ _____
Gift amount:	
<input type="checkbox"/> \$25	<input type="checkbox"/> \$5
<input type="checkbox"/> \$20	<input type="checkbox"/> \$ _____
<input type="checkbox"/> \$15	
<input type="checkbox"/> \$10	
Bank Gift deducted from:	
<input type="checkbox"/> checking (attach voided check)	<input type="checkbox"/> saving
ACCT # _____	ROUTING # _____

<b>BILLED GIFT</b> (\$50 minimum)	Total: \$ _____
<input type="checkbox"/> annually <input type="checkbox"/> quarterly	
<input type="checkbox"/> monthly	START DATE _____
<i>(deductions will begin January 1st unless indicated)</i>	

<b>CREDIT CARD</b>	Total: \$ _____
To donate by Credit Card: Please list a daytime phone number where United Way staff member can reach you to collect your credit card information.	
DAYTIME PHONE _____	BEST TIME TO CALL _____

<b>CASH/CHECK</b>	Total: \$ _____
<input type="checkbox"/> cash <input type="checkbox"/> check (payable to United Way of Central Minnesota)	
<i>(your check may be processed as an electronic debit from your account)</i>	

Our privacy pledge to you: Information you share with us is used only to properly credit your contribution. We NEVER sell, rent or exchange information about you with anyone without your permission. No goods or services have been received in exchange for your gift. Please retain a copy for your records.

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