

WORKPLACE PLEDGE FORM 2019-2020



United Way of Northern Nevada and the Sierra

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Thank you for investing in your community by giving to United Way

Your personal information is kept confidential. United Way uses this information to acknowledge your gift, provide necessary tax receipts and communicate how your gift is helping. Please print clearly.

MR./MRS./MS.	FIRST NAME	M.I.	LAST NAME	BIRTHDATE
HOME ADDRESS		CITY	STATE	ZIP
EMAIL ADDRESS			PHONE	<input type="checkbox"/> Check if mobile
EMPLOYER			EMPLOYEE ID#	

- Number of years I have contributed to United Way: _____
- Volunteer Interest: I want to share my time/skills to help others!
- RETIRING SOON? I'm retiring in _____ (mo/yr) and want to continue giving. Please contact me.

BE A LEADERSHIP DONOR!

A gift of \$500 or more makes you a Leadership donor. Your name will be printed in recognition publications as listed above. For joint gifts, you may include your spouse's/partner's name:

Leadership Levels:

Friends of United Way	\$500 - \$999
Bronze	\$1,000 - \$2,499
Silver	\$2,500 - \$4,999
Gold	\$5,000 - \$9,999
Tocqueville Society	\$10,000 and above

- Anonymous Donor: Please do NOT publish my name.

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Choose How You Want to Invest:

- The Best Way to Help the Most People** \$ _____
I want to invest my gift to have the biggest impact in all of United Way's focus areas to ensure children have a strong foundation for lifelong success.
OR you may choose any or all of these focus areas:
- Foundation for Success** \$ _____
I want to invest to ensure every kindergartener in my community is ready to learn.
- Early Literacy** \$ _____
I want to invest in building early literacy skills in my community's children.
- Strengthening Families and Individuals** \$ _____
I want to invest in helping members of my community connect to tools and resources to help with their basic needs.

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My Investment:

Please return completed form to your workplace coordinator.

- Payroll Deduction**
Amount \times Per Pay Period = Total Annual Gift:
 \$50 52 (Once a week)
 \$30 26 (Every two weeks)
 \$15 24 (Twice per month)
 \$10
 Other _____
- One Time Gift:** \$ _____
 - Cash**
 - Personal Check**
Please give cash or check (payable to UWNNS) to workplace coordinator along with this form
- Give Online or on your smart phone**
Visit www.uwnns.org/pledge
OR text "UWNNS" to "41444" to receive a link

- I have included United Way in my will or estate plan
- I would like more information about planned giving
- Agency Directed Gift to: _____ Amount: \$ _____ Agency Tax ID#: _____

To qualify as a designated agency, the entity must be a 501(c)(3) charitable organization and comply with the USA Patriot Act. If a non-qualifying agency is selected, UWNNS will redirect these funds to the Community Fund. **In order to efficiently process contributions, UWNNS charges a fee of 8% for gifts to designated agencies and requires a \$52 minimum annual donation per agency.**

SIGN & DATE

X

Signature authorizes my payroll deduction

Date

Thank you for your contribution to UWNNS. 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. Your gift may be tax deductible to the extent allowable by law. No goods or services were exchanged for this donation.

GET INVOLVED. CHANGE LIVES. LIVE UNITED.