



United Way of Sheboygan County

Individual Pledge Form



1 Who are you?

* Combine with Spouse?

Full Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Date of Birth _____

I would like to know more about planned giving opportunities.

Spouse Name _____

Spouse Company _____

* Anonymous? Yes

2 How would you like to give? (See four (4) options below)

* Who do you fight for?

1. Cash/Check Enclosed (payable to United Way) \$ _____
(Total Gift)

2. Bill Me \$ _____ x _____ = \$ _____
(Minimum \$50) Pledge Amount # Times per Year Total Gift

3. Credit Card \$ _____ Card Number _____ Exp Date _____ CVC _____
(Minimum \$50) (Total Gift)

4. Stock \$ _____ Stock Name _____ Ant. Delivery Date _____
(Total Gift)

United Way of Sheboygan County fights for the health, education, and financial stability for every person in our community. We want to know - what do you fight for?

I FIGHT FOR _____

3 Where would you like your gift to go? (Descriptions on Designation Tab on the back)

Influence the Condition of All \$ _____ (Total Gift)

Community Partnership for Children \$ _____ (Total Gift)

Other 501(c)3 organization: _____ (Total Gift)

PATH: Providing Access to Healing \$ _____ (Total Gift)

United Way Volunteer Center \$ _____ (Total Gift)

(See reverse for additional information needed to process other designations)

Signature _____ Date _____

THANK YOU

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.