



DONOR PLEDGE FORM

MR / MRS / MS / DR FIRST NAME MI LAST NAME

SPOUSE / PARTNER FIRST NAME SPOUSE / PARTNER LAST NAME

HOME ADDRESS (For credit card charges, address listed must be your billing address) CITY

STATE ZIP HOME PHONE CELL PHONE

COMPANY NAME COMPANY ADDRESS

CITY STATE ZIP WORK PHONE

MAIN E-MAIL (Never shared) WORK E-MAIL (Never shared)
Optional (To reduce cost and waste, United Way of Larimer County uses e-mail as a main form of communication. By providing your e-mail address, you are authorizing United Way of Larimer County to communicate with you via e-mail. You may opt out of these communications at any time. We do not sell, trade or share your contact information with others).

My preferred mailing address is: Home Work

Loyal Contributor Program - 10+ years

Please register me, I have been contributing to United Way for _____ years.

Please remember United Way of Larimer County in your will or estate plan.

I have already included United Way in my will / estate plan.
 I would like additional information about making a planned gift.

Please Select a Payment Option

TOTAL GIFT \$

PAYROLL DEDUCTION

Gift per pay period \$ _____
 Weekly (52) Twice a month (24) Every two weeks (26) Monthly (12)

DIRECT GIFT

Amount \$ _____

Direct gift to be paid by:

- Cash
- Check payable to United Way
Check # _____ Check Date _____
- Stocks, Other Assets and Bequests
(For more information call United Way at 970-407-7000)

AUTOMATIC BANK WITHDRAWAL (Include a voided check)

Withdraw \$ _____
 One-Time Monthly (12) Quarterly (4) Semi-Annually (2)
Please indicate month charge(s) are to begin: _____

CREDIT / DEBIT CARD (check one):

Visa MasterCard American Express Discover
Acct. # _____
Exp. Date _____
Charge \$ _____
 One-Time Monthly (12) Quarterly (4) Semi-Annually (2)
Please indicate month charge(s) are to begin: _____

DIRECT BILL FROM UNITED WAY

Bill me \$ _____
 One-Time Monthly (12) Quarterly (4) Semi-Annually (2)
Please indicate month charge(s) are to begin: _____

Recognition

For recognition purposes:

- Please list my / our names as follows: _____
or
- I would like my gift to remain anonymous for United Way and Alexis de Tocqueville Society recognition listing.

For designations:

Would you like your name(s) released to designated agencies? YES NO

If yes, please indicate how you would like your name to be listed: _____

Contribution Options

There are several options for your charitable donations. Please reference the "Contribution Options" information included. Please indicate how you would like to invest your gift on the Designation Form (reverse).



DESIGNATION FORM

Name of Designation	Amount	Distribution Date / Order of Payment	Designation Acct #	Individual Acct#
Undesignated / United Way Community Impact Fund			209502	
2-1-1 Information and Referral			67157	
United Way Child Care Fund			365221	
Colorado Reading Corps			493379	
Innovation Grants			581876	
Winter Overflow Shelters			319368	
WomenGive			190058	
Other Nonprofit Organizations:				
Name: _____ Address: _____ Purpose: _____				
Name: _____ Address: _____ Purpose: _____				
Name: _____ Address: _____ Purpose: _____				
Name: _____ Address: _____ Purpose: _____				
Philanthropy Fund				
Total				

Internal Use Only Submitted By: _____ Date: _____ Campaign Year: _____

 DONOR NAME (PLEASE PRINT)

 DONOR SIGNATURE

 DATE

Thank you for your generosity and support of United Way of Larimer County.