

LIVE UNITED

GIVE. ADVOCATE. VOLUNTEER.



Albion-Homer United Way
Campaign Pledge Form 2008

My Information United Way does not share personal information

Check one: Mr. Mrs. Miss. Ms. Dr.

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ Employer: _____ Email: _____
We will not share your email address

Signature: _____ Date: _____
Signature authorizes pledge

My Gift To My Community Select one payment method

Payroll Deduction
I authorize my employer to deduct my contribution per pay period

Deduction per pay period (check one):
 \$3 \$5 \$10
 \$20 \$50 Other \$ _____

I am paid (check one):
 Weekly (52 times per year)
 Every 2 weeks (26 times a year)
 Twice a month (24 times a year)
 Monthly (12 times a year)

Cash/Check/Credit/Stock

Payment type (check one):
 Cash (Enclosed)
 Check # _____ (Payable to Albion-Homer United Way)
 Credit Card: _____ Visa _____ MasterCard
 Acct # _____
 Expiration Date: _____
 Cardholder name/address if different from above: _____

Stock/Securities (Call to facilitate transaction)

Bill Me
\$50 minimum.
Provide address above.

Amount to be paid per bill:
\$ _____

Billing frequency (check one):
 Once
 Monthly
 Quarterly
 Other: _____

\$ _____ **Gift Total**

Also consider making a planned gift such as a bequest, endowment fund, legacy fund, charitable gift annuity, life insurance, charitable remainder trust, charitable lead trust or remembering United Way in your will. Contact us for details.

Leadership Recognition \$250 or more qualifies me as a member of the Leadership Giving Society

Leadership Levels: Corporate Partner \$2,500 & greater ~ Gold \$1,000 ~ Silver \$500 ~ Bronze \$250

Print my/our name in the Leadership Giving Society Directory as: _____

Preferences

I wish to remain anonymous. Send information about how to include United Way in my will. Do *not* send information or updates.

Do *not* send an acknowledgment of my gift. I am interested in volunteering with special events/projects.

Other United Way or Agency (name & address): _____
Agency must be a 501(c)(3). If a non-qualifying agency or less than \$25 is designated, United Way will redirect this gift to the Community Fund.

COMMUNITY SOLUTIONS FUND

One Gift...a thousand results.

Your unrestricted gift funds more than 24 community programs through the Community Solutions Fund. United Way is working to advance the common good by focusing on education, income and health. One gift addresses many problems while providing a safety net for our community's basic needs.

These three priority areas are the building blocks for a good life - a quality education that leads to a stable job, enough income to support a family through retirement, and good health.

EDUCATION

Helping children and youth achieve their potential through education.

INCOME

Helping families become financially stable and independent.

HEALTH

Improving People's Health.

B A S I C N E E D S

Mission:

The mission of the Albion-Homer United Way is to increase the organized capacity of people to care for one another by uniting together to improve lives.