

Monadnock United Way Pledge Form

Thank you for investing in our community!



1 MY INFORMATION

Mr/Mrs/Ms/Dr	First Name	Last Name
Street	Apt#	
City	State	ZIP
Preferred Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Preferred Email	<input type="checkbox"/> Home <input type="checkbox"/> Work	
Employer	<input type="checkbox"/> Please contact me, I plan to retire in the next 3-5 years	

MY GIFT OF \$500 OR MORE

qualifies me for membership in the Leadership Giving Society. My name will be listed as it appears to the left.

Please list my name(s) as follows:

I prefer that my gift remain anonymous

2 PLEASE SELECT A GIVING OPTION

<input type="checkbox"/> EASY PAYROLL DEDUCTION <i>My pay period is (# of times per year):</i> <input type="radio"/> 24 <input type="radio"/> 26 <input type="radio"/> 48 <input type="radio"/> 50 <input type="radio"/> 52 <input type="radio"/> Other: _____	<input type="checkbox"/> ONE TIME GIFT <i>To be paid by:</i> <input type="checkbox"/> Check/Cash (enclosed)	<input type="checkbox"/> OTHER <input type="checkbox"/> Stock IRA Donor Advised Fund
I want to contribute the following amount each pay period: <input type="radio"/> \$50 <input type="radio"/> \$25 <input type="radio"/> \$10 <input type="radio"/> \$5 <input type="radio"/> \$3 <input type="radio"/> Other: _____	<input type="checkbox"/> Please bill me beginning ___/___/___ <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> One-Time <small>(\$25 minimum, home address required)</small>	<input type="checkbox"/> Planned Giving
TOTAL ANNUAL GIFT AMOUNT \$ _____	<input type="checkbox"/> Credit/Debit Card (one-time or monthly); visit www.muw.org	<i>Please call Monadnock United Way at 603.352.4209 x 27</i>
	TOTAL GIFT AMOUNT \$ _____	TOTAL GIFT AMOUNT \$ _____

3 PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY

Note: Total of options A, B, and C should equal your total gift amount in step 2.

Option A - Monadnock United Way Impact Fund <input type="checkbox"/> ADVANCE THE COMMON GOOD AND KEEP IT LOCAL	Amount \$ _____
Option B - Monadnock United Way Impact Areas <input type="checkbox"/> Children and Education <i>or</i> <input type="checkbox"/> Financial Stability and Basic Needs	Amount \$ _____
Option C - I wish my gift to go to support a specific human service agency or another United Way. <input type="checkbox"/> Designation Agency Name and Address _____	Amount \$ _____

I wish to be acknowledged by the organizations(s) I have selected. (Home and email addresses required.)

4 PLEASE SIGN BELOW

Donor Signature (Required) _____ Date: _____

PRIVACY POLICY We do not rent, trade or sell information about our donors. If you provide your electronic mail address, we will only use it to personalize the information you receive from us.

IMPORTANT TAX INFORMATION Gifts to Monadnock United Way are tax deductible within the limits of current federal and state law. Tax laws require a receipt for individual payments of \$250 or more to a charity. If you have any single payment above \$250 for the tax year, we will send you a receipt (please provide your full home address). Please keep a copy of this pledge form, along with your paycheck records or cancelled check to serve as a record of your donation in accordance with IRS regulations.

Retire United



Monadnock United Way

To all retirees and soon-to-be-retirees: **We need you!**

We appreciate your support of Monadnock United Way through the years, and we want you to stay involved.

We'd love to have your continued support for our annual campaign. And we also want to leverage your skills and expertise! MUW has various volunteer opportunities that are perfect for retirees.

Help us fight for children, education and financial stability in every community throughout our region.

Visit muw.com/RetireUnited for more information.



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Let's Stay Connected!

If you are interested in being involved with MUW during your retirement years, please call the MUW office at 603-352-4209, visit muw.org/RetireUnited or fill out the following information and submit to the MUW office at 23 Center St., Keene NH, 03431.

Name: _____ Email: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Retired from: (Company name): _____

Which of these focus areas are you interested in:

CHILDREN EDUCATION FINANCIAL STABILITY (AND BASIC NEEDS)

Tell us how you'd like to be involved: _____

