

# 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 \_\_\_\_\_  Home  Work  Cell \_\_\_\_\_  
Preferred Email \_\_\_\_\_  Home  Work \_\_\_\_\_  
Employer \_\_\_\_\_  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"/> <b>EASY PAYROLL DEDUCTION</b> <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: _____ 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: _____ <b>TOTAL ANNUAL GIFT AMOUNT \$</b> _____	<input type="checkbox"/> <b>I WANT TO BECOME A SUSTAINING DONOR*</b> Payment amount each month: _____ beginning ___/___/___ <input type="checkbox"/> Credit or Debit Card Number _____ Exp. date & CVV _____ <input type="checkbox"/> ACH - Checking Account Routing Number _____ Account Number _____ Signature _____ <small>*TERMS &amp; CONDITIONS: By signing and becoming a sustaining donor, you are agreeing that the credit, debit, or checking account information you entered may be charged the designated amount every month with no prescheduled cancellation date. Call 603-352-4209 to cancel anytime.</small>	<input type="checkbox"/> <b>I AM MAKING A ONE TIME GIFT</b> <input type="checkbox"/> Check (enclosed) <input type="checkbox"/> Credit or Debit Card Number _____ Exp. date & CVV _____ <input type="checkbox"/> ACH - Checking Account Routing number _____ Account number _____ <input type="checkbox"/> Please bill me beginning ___/___/___ <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> One-Time <input type="checkbox"/> OTHER - Please call 603.352.4209 <input type="checkbox"/> Stock   IRA   Donor Advised Fund <input type="checkbox"/> Planned Giving
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## 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.

<b>Option A - Monadnock United Way Impact Fund</b> <input type="checkbox"/> <b>ADVANCE THE COMMON GOOD AND KEEP IT LOCAL</b>	Amount \$ _____
<b>Option B - Monadnock United Way Impact Areas</b> <input type="checkbox"/> Children <input type="checkbox"/> Education <input type="checkbox"/> Financial Stability	Amount \$ _____
<b>Option C - I wish my gift to go to support a specific human service agency or another United Way.</b> <input type="checkbox"/> Designation   Agency Name and Address _____ _____ _____	Amount \$ _____
<input type="checkbox"/> I wish to be acknowledged by the organizations(s) I have selected. (Home and email addresses required above.)	

## 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](http://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](http://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

Tell us how you'd like to be involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_