

## 2023 PLEDGE FORM

GIVE. ADVOCATE. VOLUNTEER.

| About YOU  |                                     |                       |                     |  |
|--|-------------------------------------|-----------------------|---------------------|--|
|  |                                     |                       |                     |  |
| NAME (Please Print)  |                                     |                       |                     |  |
| HOME ADDRESS – Street  |                                     |                       |                     |  |
| CITY   | STATE                               | ZIP                   | ZIP                 |  |
| EMAIL ADDRESS to receive Tax Receipt and   | LIMSCM Indatos                      | Dhana Number          | Phone Number        |  |
|  |                                     |                       |                     |  |
| EMPLOYER   |                                     |                       |                     |  |
| Your SUPPORT   |                                     |                       |                     |  |
| PAYROLL DEDUCTION  | Number of Pay Periods               | Amount per Pay Period | Total Pledge Amount |  |
| WORKPLACE CAMPAIGNS ONLY   | (Check one)  12 24 26 52 Other      | (Check one)           | \$                  |  |
| Join our CIRCLE OF FRIENDS Affinity Group:   |                                     |                       |                     |  |
| "Giving and living UNITED to circle our community."  |                                     |                       |                     |  |
| FRIEND: \$1-\$49   | NEIGHBOR: \$50-249 IMPACT: \$250-\$ | ADVOCATE: \$500-\$999 | LEADER: \$1,000 +   |  |
| ONE-TIME GIFT \$ (Specify payment method below)  |                                     |                       |                     |  |
| <ul> <li>□ Cash or Check (Please make checks payable to United Way of South Central MA and attach to this form.)</li> <li>□ Credit Card (Visit www.uwscm.org/donate to process a secure donation online.)</li> <li>□ Bill Me □ Monthly □ Quarterly □ One-Time</li> </ul> |                                     |                       |                     |  |
| Your IMPACT (select preference)  |                                     |                       |                     |  |
| ☐ The GENERAL FUND of United Way of South Central MA:  |                                     |                       |                     |  |
| Maximize the impact of my gift, and improve the health, education, and financial stability of every person in our community.  OR   |                                     |                       |                     |  |
| Another UNITED WAY or IMPACT AREA. (Designations are allowed for donations of \$52 or greater and you may select more than one.)  Local United Way that serves my hometown \$ (must give home address)  UWCM Women's Initiative \$                                       |                                     |                       |                     |  |
| ☐ Health   | Education                           | ☐ Financial Stability | ☐ Basic Needs       |  |
| Our Endowment: Ensures sustainable funding for future generations \$ (please indicate amount)  |                                     |                       |                     |  |
| Your SERVICE   |                                     |                       |                     |  |
| We live better when we LIVE UNITED. Tell us if you are interested in ways you can GIVE, ADVOCATE, or VOLUNTEER.  Under Opportunities Committees and Board Involvement Planned Giving/Bequests  |                                     |                       |                     |  |
| Signature: Date:   |                                     |                       |                     |  |

I authorize my weekly contribution to continue until otherwise noted. A new form must be filled out for designated gifts each year, otherwise they will rollover as gifts to the GENERAL FUND after one year. Gifts may be stopped at any time upon request. United Way of South Central MA does not provide goods or services in consideration of contributions to the organization by payroll deduction or direct gift.

Your donation will go to the GENERAL FUND unless otherwise specified.