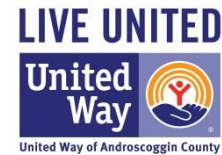


# GIVE. ADVOCATE. VOLUNTEER.



United Way of Androscoggin County Pledge Form: *please complete the following information.*

**My Contact Information** *Please print clearly. Your personal information is kept confidential and will not be sold or shared at any time.*

Mr/Mrs/Ms/Dr FIRST NAME M.I. LAST NAME

HOME ADDRESS APT. # CITY STATE ZIP

HOME EMAIL WORK EMAIL

EMPLOYER NAME PHONE [  Home  Cell ] WORK PHONE

I prefer that my gift remain anonymous.

**My Pledge/Gift** *Please select payroll deduction OR direct payment option, then please sign and date.*

## EASY PAYROLL DEDUCTION

I will contribute the following per pay period:

\$50  \$25  \$20  \$10  \$5  Other \$ \_\_\_\_\_ X  # of pay periods = \$ \_\_\_\_\_ total annual gift

## DIRECT PAYMENT of \$ \_\_\_\_\_

- Cash enclosed
- Check enclosed: Ck# \_\_\_\_\_ (Payable to United Way of Androscoggin County)
- Credit Card: To protect your information, please visit our website and click the Give button.
- Bill Me: \$ \_\_\_\_\_ per [  Quarter  One time ] = \$ \_\_\_\_\_
- Stock or Appreciated Assets: Please download the stock notification form from our website.

**Please send me information on:**

Volunteer Opportunities

**Estate & Future Gifts:**

I have included United Way of Androscoggin County in my will.

I would like to learn more about planned giving.

**YOUR SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Leaders' Circle Giving Recognition** *Our Leaders' Circle recognizes individuals and couples who contribute \$750 or more to United Way.*

Leaders' Circle members play an integral role in our ability to make positive, lasting changes in people's lives. Join with an individual or combined gift of \$750 or more.

List my/our name(s) as \_\_\_\_\_

Spouse/Partner's name: \_\_\_\_\_

Spouse/Partner's pledge: \$ \_\_\_\_\_ Employer: \_\_\_\_\_

**How Do You Want to Make an Impact?** *Note: However you choose to share your gift, it should total the annual gift above.*

\$ \_\_\_\_\_ **United Way of Androscoggin County Community Fund:** By directing your gift to the Community Fund you are supporting strategic investments in services and initiatives that support long lasting changes in community conditions across Androscoggin County. This is the most powerful way to invest your contribution.



Designate my gift to one of United Way's Priority Areas:

\$ \_\_\_\_\_ **Education:** Supports families to ensure children are ready to succeed when they enter school, as well as beyond.

\$ \_\_\_\_\_ **Health:** Ensure individuals and families have access to self-sufficiency and interpersonal safety services promoting physical and mental well-being.

\$ \_\_\_\_\_ **Income:** Works to ensure basic needs are met in our community.

**Special Instructions:** Restrict my gift to another United Way or the 501(c)(3) nonprofit organization listed below. The restricted contribution must be listed below and \$100 or more:

**QUESTIONS MAY BE DIRECTED TO:** United Way of Androscoggin County • P.O. Box 888, 66 Ash Street • Lewiston, ME 04243-0888 • T: 207.795.4000 • F: 207.795.6100



www.UnitedWayAndro.org



# THANK YOU

United Way of Androscoggin County acknowledges no goods or services were provided in exchange for this contribution. If an agency you restrict to is not a qualified 501(c)(3) tax-exempt organizations or if the information is incomplete, we will make every effort to verify the agency. If we are unable to do so or if your restricted gift was less than \$100, your gift will be directed to our Community Fund. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.