

I WANT TO MAKE A DIFFERENCE TODAY!

YES! I pledge to invest in my community.



UNITED WAY
Rock River Valley

We use contact information to process gifts and occasionally tell you about community impact, we will not share it.

1 ABOUT ME

PREFIX FIRST NAME LAST NAME

EMPLOYER

EMAIL ☐ WORK ☐ PERSONAL PHONE ☐ WORK ☐ PERSONAL

STREET ADDRESS CITY STATE ZIP

☐ I WISH TO REMAIN ANONYMOUS. PLEASE DO NOT USE MY/OUR NAMES FOR RECOGNITION PURPOSES.

2 MY INVESTMENT

EASY PAYROLL DEDUCTION

Investment per paycheck:

☐ \$1 ☐ \$10 ☐ \$100
☐ \$2 ☐ \$20 ☐ OTHER: _____
☐ \$5 ☐ \$50 _____

Your employer's pay periods per year:

☐ 12 (MONTHLY) ☐ 24 (BI-MONTHLY) ☐ OTHER: _____
☐ 52 (WEEKLY) ☐ 26 (BI-WEEKLY) _____

Total Annual Payroll Deduction (investment x pay periods = \$ _____)

CASH, CHECK, OR CREDIT CARD

Giving Frequency

☐ 12 (MONTHLY) ☐ 4 (QUARTERLY) ☐ ONE-TIME

Gift Amount: _____ **Start Date:** _____

Total Annual Payment (frequency x gift)
or cash / check total = \$ _____

☐ CASH
☐ CHECK
CHECK # _____
DATE _____
☐ CREDIT (SEE BOTTOM)

ONLINE DONATION



Prefer to give online?

Scan the QR code to complete your workplace pledge online.
unitedwayrrv.org/digital-pledge-form

3 MAKE IT OFFICIAL:

SIGN HERE

DATE

**THANK
YOU!**

THIS SECTION IS OPTIONAL AND NOT REQUIRED

Leave this section blank if you would like your gift to support United Way Rock River Valley. Your donation will be invested where it is needed most to meet our community's greatest needs.

☐ PLEASE DESIGNATE MY DONATION TO ANOTHER UNITED WAY OR WINNEBAGO COUNTY 501(C)(3)*

NAME OF ORGANIZATION

*Designations must be minimum of \$100, and a 5% fee will be applied.

If the designated organizations is not a registered 501(c)(3), does not qualify as a benefiting organization, or is not identifiable, we will invest your donation where it is needed most.

CREDIT CARD NUMBER

EXPIRATION

SECURITY CODE

☐ I WANT TO MAKE THIS A PERPETUAL INVESTMENT. Check here to make your credit card gift ongoing, until you request otherwise.