

2019-2020 UNITED WAY WORKPLACE PLEDGE FORM



Green Mountain
United Way

Serving Caledonia, Essex, Orleans, Orange &
Washington Counties of Vermont

1 MY INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____ EMPLOYER _____

HOME ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP _____

PHONE: (Choose one) HOME WORK CELL EMAIL: (Choose one) PERSONAL WORK Do not add me to your email list
We will only call if we have questions about your gift or to thank you.

- Loyal Contributor** - I've donated for 10 years or more I wish to remain anonymous I'm interested in volunteer opportunities!

2 MY GIFT

- I choose easy payroll deduction** - I want to contribute the following amount for each pay period:

\$2 \$5 \$10 \$20 Other: _____ # of pay periods _____

My Total Pledge

- I choose a direct gift of \$** _____

\$ _____

Cash

Personal check # _____ Please make checks payable to Green Mountain United Way, checks cashed upon receipt

Credit Card: VISA MC DISCOVER CARD # _____ EXP: _____

WHAT DOES A DOLLAR DO?

\$1 per pay period (\$26/year) Provides one child transitioning into foster care with a backpack full of caring items

\$5 per pay period (\$130/year) Provides a preschool class with Literacy Kits to support Early Learning

\$2 per pay period (\$52/year) Provides access to a strength training class for people in recovery

\$10 per pay period (\$260/year) Provides support to five working Vermonters to help them find affordable housing.

3 INVEST IN YOUR COMMUNITY

- I trust United Way to invest my gift where the needs or opportunities to improve are greatest.
- I prefer to support a specific United Way Impact Area:
- Health:** I want to ensure all people are able to access nutritional food, are well-housed, and physically & mentally healthy.
 - Education:** I want to ensure all children are ready for school.
 - Financial Stability:** I want to ensure all people are able to be financially stable and able to afford basic needs.
 - Community Caring:** I want to provide resources to help support all of our communities' basic needs.

UNITED WAY IMPACT INVESTMENT SNAPSHOT

EDUCATION

COMMUNITY CARING

HEALTH

FINANCIAL STABILITY

- I want to designate my gift or a portion of my gift to another agency. Total designated amount: \$ _____

With this gift option 17% of your gift will be retained to defray costs incurred by Green Mountain United Way to collect, process, and distribute donations and to ensure that gifts are paid to designated agencies even if pledges are not collected in full from donors. This % will be waived for gifts to other Vermont United Ways and Granite United Way in New Hampshire. Gifts pledged and collected in 2019-20 will be distributed during 2020 and 2021.

Complete Agency Name: _____ Full Address: _____

X _____
Signature (required) _____ Date _____

Giving is a personal decision and is voluntary. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. For payroll deductions you will need a copy of your pay stub, W-2 or other employer documentation showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.