



PLEDGE FORM **LIVE UNITED CAMPAIGN**

Mr./Mrs./Ms. Last Name _____ First Name _____ M.I. _____
 Company Name _____ Work Phone _____
 Home Address _____ Home Phone _____
 City _____ State _____ Zip _____

**No personal information listed above is ever shared with third parties. United Way of Rockland County uses personal information only to acknowledge your gift, provide necessary tax receipts, and communicate how your gift helps.*

Payment Options - Please select your method of payment:

Payroll Deduction

Please deduct: \$20 \$10 \$6 \$4 Other amount \$ _____ per pay period
 My pay period is: Weekly Twice a month (24 per year) Every two weeks (26 per year) Once a month

Direct Payment

Cash enclosed Check enclosed, payable to United Way of Rockland County
 One-time charge to my credit card : MC Visa American Express

Card number _____ Expiration ____/____ Security Code _____

I wish to transfer stocks or securities

TOTAL Contribution \$ _____ **Signature** _____ **Thank You!**

I would like to receive an email acknowledgement for my donation. E-mail Address: _____

Investment Options

\$ _____ **Option 1: Community Care Fund** - Support ALL of the United Way-funded initiatives.
Anyone who contributes \$260/year or more to the UWRC's Community Care Fund will be entered in a raffle for a \$2500 savings bond donated by M&T Bank!

\$ _____ **Option 2: Targeted Impact Initiatives** - You may choose to donate to one specific initiative:
 Income: Protecting and Meeting Basic Needs
 Education: Nurturing Children and Youth
 Health: Enhancing Seniors' Independence

-or-

Specific organization or other United Way (\$104 minimum gift) - If you would like your contribution to be directed to a non-profit organization with a 501(c)(3) tax-exempt status, you must provide the following information for us to process this request:

Organization Name _____
 Address _____ City _____ State _____ Zip _____

Your Record
**Thank You For Your
 Generous Support of United
 Way of Rockland County!**
*Please detach this receipt as
 proof of your contribution.*

Name _____ **Date** _____

Total Contribution \$ _____

Gift Type: Payroll Deduction Cash Check Credit Card Stocks/Securities

We are grateful for your support and verify that no goods or services were received in exchange for your generosity.

A copy of the last financial report on file with the Department of Law may be obtained by visiting www.uwrc.org or at the New York State Department of Law Charities Bureau, 120 Broadway - 3rd Floor, New York, NY 10271.

Note: Contributions made to UWRC are tax deductible within the limits of current law.