

2015 PLEDGE FORM



United Way of Leavenworth County
PO Box 21
Leavenworth, KS 66048
913-682-2592
unitedwaylvco@gmail.com
www.unitedwaylvco.org

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME
HOME ADDRESS (For credit card charges, address listed must be your billing address.)			CITY
STATE	ZIP	PHONE	EMAIL
COMPANY NAME			LAST FOUR SS#

YES! THIS IS MY COMMUNITY AND I WANT TO SUPPORT MY COMMUNITY FUND!

<input type="checkbox"/> I want to donate through PAYROLL GIVING Total Gift Amount: \$ _____ A. I want to contribute the following amount each pay period: <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 <input type="checkbox"/> Other \$ _____ I am paid: <input type="checkbox"/> Weekly (52) <input type="checkbox"/> Biweekly (26) <input type="checkbox"/> Semimonthly (24) <input type="checkbox"/> Monthly (12) <input type="checkbox"/> Other _____ B. I pledge _____% of my salary, for a total gift of \$ _____ C. I want to pledge my Fair Share (1 hour pay/month) \$ _____	<input type="checkbox"/> I want to make a DIRECT GIFT Total Gift Amount: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Card Number: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Expiration date: ____/____/____ CSC: _____ <input type="checkbox"/> Bill me () Monthly () Quarterly
---	---

Your Contribution to United Way of Leavenworth County can also be made through our website at www.unitedwaylvco.org, texting uwlvco to 41444, or by calling 913-682-2592

<input type="checkbox"/> RESTRICTED CONTRIBUTION	AGENCY NAME AND ADDRESS (Address required for non-member agencies to facilitate correct delivery to designated organization)
AMOUNT \$ _____	
Designations may be made to agencies that have valid 501 (c) (3) registration and are in compliance with the USA Patriot Act. All funds designated to agencies failing to meet compliance requirements will be applied to the Community Care Fund. Gifts to agencies outside Leavenworth County or the United Way system may be subject to a fee of 15%, not to exceed \$150, to offset processing and fundraising costs. SEE REVERSE FOR LIST OF MEMBER AGENCIES.	

IMPORTANT: ALL DONATIONS ARE ANONYMOUS, unless you allow us/our agencies to acknowledge your donation.

- Please Acknowledge my donation.
- I wish to remain Anonymous.

Signature: _____

Please check the accuracy of all your entries.

Employer: Please copy and return original to United Way of Leavenworth County, P.O. Box 21, Leavenworth, KS 66048

Employee: Please retain bottom portion for your personal records.

Total United Way Contribution \$ _____

Paid by: Check # _____ Cash Payroll Deduction Credit Card To be Billed Monthly/Quarterly

Thank you for your contribution through the United Way campaign. No Goods or services were provided in exchange for this contribution. 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.