



# PLEDGE FORM

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

## PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

### EASY PAYROLL DEDUCTION

My total annual gift

AMOUNT \$ \_\_\_\_\_

A. I want to contribute the following amount each pay period:

\$50    \$25    \$10    \$5

B. Other \$ \_\_\_\_\_

Over \_\_\_\_\_ number of pay periods.

### DIRECT GIFT

AMOUNT \$ \_\_\_\_\_

Direct gift to be paid by:

- Cash (enclosed)
- Personal Check (enclosed)
- Direct Bill
  - Quarterly
  - Annually \_\_\_\_\_ (month)

Securities (please call 402.721.4157 when you are ready to transfer funds.)

## PLEASE CHOOSE HOW TO INVEST IN YOUR COMMUNITY.

### Please use my gift to support all Fremont Area United Way programs & partner agencies.

*The most powerful way to invest your contribution.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You for Investing in Fremont Area United Way**

445 East 1st Street, Fremont, NE 68025 - 402.721.4157 - www.fremontunitedway.org

**MY GIFT OF \$500 OR MORE**  
*Qualifies me for membership in the Pillars Club.*

**Way of Hope Society**  
*Please contact me about bequests and other ways of making a planned gift.*

**I wish to volunteer.**

## Impact Choices

*Designate all or part of my gift to:*

### EDUCATION

Helping children & youth achieve their potential through education.

- Improving access to quality, affordable child care and early learning opportunities.
- Partnering with schools and parent to improve graduations rates.
- Providing after-school and mentoring programs for at-risk youth.

AMOUNT \$ \_\_\_\_\_

### INCOME

Helping families become financially stable and independent.

- Supporting basic needs while increasing financial education.
- Helping hard working people obtain job training and family-sustaining wages.
- Increasing affordable housing for seniors and families.

AMOUNT \$ \_\_\_\_\_

### HEALTH

Improving people's health.

- Increasing access to critical healthcare services.
- Reducing substance abuse, child abuse and domestic violence
- Increasing health education and preventive care.

AMOUNT \$ \_\_\_\_\_

### BASIC NEEDS

Providing help in the time of crisis.

- Access to food, clothing and shelter.
- Financial assistance for rent and utilities.

AMOUNT \$ \_\_\_\_\_

### Designated Contribution

501c3 AGENCY NAME & ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

AMOUNT \$ \_\_\_\_\_