Fremont Area UNITED WAY

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:

☐ **YOUTH OPPORTUNITY**
Helping young people realize their full potential
- Childcare and early childhood education
- After school and summer learning
- Literacy development
- Family engagement

AMOUNT $_____

☐ **FINANCIAL SECURITY**
Creating a stronger financial future for every generation
- Supporting basic needs while increasing financial education
- Adult education, job training and career pathways
- Homelessness prevention, affordable housing and home ownership
- Public benefits access

AMOUNT $_____

☐ **HEALTHY COMMUNITY**
Improving health and well-being for all
- Healthcare access
- Maternal and child health
- Food Security
- Healthy spaces and physical activity
- Mental Health support

AMOUNT $_____

☐ **COMMUNITY RESILIENCY**
Addressing urgent needs today for a better tomorrow
- Access to food, clothing and shelter
- Financial assistance for rent and utilities
- Emergency, disaster relief and recovery

AMOUNT $_____

☐ **Designated Contribution**
501c3 AGENCY NAME & ADDRESS:

_____

_____

AMOUNT $_____