

# UNITED WAY OF NORTH IDAHO

## PLEDGE FORM



### STEP 1: TELL US ABOUT YOURSELF

First Name	M.I.	Last name	Employer
Home Address	City	State	Zip Code
Preferred Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Preferred Email	<input type="checkbox"/> I wish to unsubscribe from United Way of North Idaho's newsletter.	

### STEP 2: CHOOSE GIVING OPTIONS

#### OPTION 1: PAYROLL DEDUCTION

I want to contribute each pay period

\$75  \$50  \$30  \$20  \$10  \$5  Other: \$ \_\_\_\_\_

My above pledge \_\_\_\_\_ x \_\_\_\_\_ pay periods = My total annual gift: \$

#### OPTION 2: ONE-TIME GIFT

I want to give one time

Credit Card - can be paid at uwnorthidaho.org  Check - attached  Cash - attached

My total annual gift: \$

#### OPTION 3: DIRECT GIFT

I want to be billed

Invoice  Credit Card - can sign up for recurring gifts at uwnorthidaho.org

Monthly  Quarterly First payment date (MM/YY): \_\_\_\_/\_\_\_\_ My total annual gift: \$

Signature to authorize pledge: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred recognition name: \_\_\_\_\_  I wish to remain anonymous

Please combine my gift with my spouse, Name: \_\_\_\_\_ Company: \_\_\_\_\_

### STEP 3 WHERE TO GIVE

Area of Greatest Need

*Support the greatest need for our community as determined by our local board of directors and professional staff.*

Community Care Fund

*Competitive grants made to quality programs in the areas of Education, Financial Stability and Health.*

Child Care Scholarship Fund

*Helping ALICE families engage consistently in the workforce.*

Other: \_\_\_\_\_

**Thank you for your contribution to the United Way campaign!**

United Way of North Idaho does not provide any goods or services in consideration for contributions made via this pledge form. United Way of North Idaho will retain a 10% fundraising and processing fee for designations to other 501c3 nonprofit organizations.

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