



# 2018 UVM CAMPAIGN PLEDGE FORM

You may also make your payroll pledge online at [www.uvm.edu/unitedway/pledge](http://www.uvm.edu/unitedway/pledge)

Name \_\_\_\_\_

UVM Network ID \_\_\_\_\_ *i.e. hsmith1, wtuttle, etc.*

I am a new donor

Email address \_\_\_\_\_

## PLEDGE THROUGH PAYROLL DEDUCTION

\$ \_\_\_\_\_ Total pledge

\$52 (\$1 per week)

Other amount per pay period (indicate amount)  
\$3    \$5    \$6    \$10    \$25    \$ \_\_\_\_\_

\$ \_\_\_\_\_ Leadership gift (>\$500 annually)\*

Auto-Renewal

*Please renew this pledge automatically each year until I opt to discontinue. This option is available only for contributions by payroll deduction.*

## OR MAKE A GIFT OF \$ TO BE PAID BY

Check

Enclosed  
*Checks payable to United Way of Northwest Vermont*

Please bill me  
*\$250 minimum*

Securities or stock  
*Please call United Way at 864-7541 for this option*

Credit card (circle one):  
Visa    MasterCard    American Express    Discover

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I wish my gift to remain anonymous in publications

I would like to receive United Way's email updates

## SUPPORT FOR COMMUNITY IMPACT (OPTIONAL)

I prefer to support a specific United Way key strategy: (please indicate the percent of your gift):

Advancing Employment \_\_\_\_\_%

Promoting Mental Health \_\_\_\_\_%

Supporting Families \_\_\_\_\_%

Meeting Basic Needs \_\_\_\_\_%

Reducing Substance Abuse \_\_\_\_\_%

## HOMETOWN UNITED WAY DESIGNATION (OPTIONAL)

I prefer to support the United Way in my hometown. Please direct my contribution to (choose one):

- United Way of Addison County
- Granite United Way (Upper Valley/Windsor County)
- Green Mountain United Way (Caledonia, Essex, Orange, Orleans and Washington Counties)
- United Way of Northwest Vermont (Franklin, Grand Isle and Chittenden Counties)
- United Way of Lamoille County
- United Way of Rutland County
- United Way of Windham County

## DONOR DIRECTED DESIGNATION (OPTIONAL)

I wish to direct a portion of my gift \$ \_\_\_\_\_ (minimum \$72 per organization) to a specific agency

*United Way does not provide fiscal or program oversight. United Way of Northwest Vermont retains 6% of donations designated to agencies other than Vermont United Ways to defray the administrative costs of processing.*

Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Please attach list if needed for other designations.*

## \*LEADERSHIP GIVING

Please combine my gift with that of my spouse/partner to qualify as a Leadership Gift.

Name \_\_\_\_\_

Employer \_\_\_\_\_