



**MAKE YOUR PAYROLL
PLEDGE ONLINE:**
www.uvm.edu/unitedway/pledge

**United Way of
Northwest Vermont**
unitedwaynvt.org

LIVE UNITED®



2016 UVM CAMPAIGN PLEDGE FORM

Name _____

UVM Network ID _____
(i.e. jsmith1, ftuttle, etc.)

I am a new donor

I PLEDGE THROUGH PAYROLL DEDUCTION:

- \$ _____ total pledge
- \$52 (\$1 per week)
- Other amount per pay period
- \$3 \$5 \$6 \$10 \$25 \$ _____
- Leadership gift (\$500 or more 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 I MAKE A GIFT OF \$ _____ TO BE PAID BY:

- Check (enclosed, payable to United Way of Northwest Vermont)
- Please bill me (\$250 minimum)
- Securities or stock (call United Way at 864-7541)
- Credit card (circle one)

Visa MasterCard American Express Discover

Card #: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

- I wish to remain anonymous in any recognition or publications.
- I would like to receive United Way's email updates.

Email address: _____

SUPPORT FOR COMMUNITY IMPACT (OPTIONAL)

I would like my gift to support:

- EDUCATION** (Helping children, youth and young adults achieve their potential)
- INCOME** (Meeting basic needs and promoting financial stability)
- HEALTH** (Improving people's health and well-being)

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 (serving the Upper Valley/Windsor County)
- Green Mountain United Way (serving Caledonia, Essex, Orange, Orleans and Washington 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 of \$72 per organization) to a specific agency. I understand that United Way does not provide fiscal or program oversight. UWNWVT retains 6% of donations designated to agencies other than Vermont United Ways to defray the administrative costs of processing.

Non-profit agency: _____

Address _____

City _____ State _____ Zip _____

(Please attach list if needed for other designations)

- Please provide my name to the designated United Way or agency.

*LEADERSHIP GIVING

Please combine my gift with that of my spouse/partner to qualify as a Leadership Gift. His/her name and employer is:

Name _____

Employer _____

Signature _____

Date _____