

United Way of Southwest Colorado

PLEDGE FORM

LIVE UNITED



United Way
of Southwest Colorado
P.O. Box 3040
Durango, CO 81302
970-247-9444
unitedway-swco.org

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME
HOME ADDRESS (for credit card charges, address listed must be your billing address.)			CITY
STATE	ZIP	HOME PHONE	DAYTIME PHONE
COMPANY NAME			

Want to see how your contribution is making a difference? Please provide your home e-mail address so we can show you how your contribution is making a difference. We will send updates 4x per year - no spam!

HOME EMAIL ADDRESS _____

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

EASY PAYROLL DEDUCTION

My total annual gift

AMOUNT \$ _____

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

\$50
 \$25
 \$10
 \$5
 Other \$ _____

DIRECT GIFT

AMOUNT \$ _____

Direct gift to be paid by:

- Cash
- Personal check (enclosed)
- Securities (please call 970-247-9444 when you are ready to transfer funds).
- Credit Card (please go to United Way -swco.org)

MY GIFT OF \$1,000 OR MORE

qualifies me for membership in the Leadership Giving Society. My name will be listed as it appears.

AMOUNT \$ _____

- Please list my/our name(s) as follows:
.....
.....
- I prefer that my gift remain anonymous.

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

--- option A ---

EDUCATION Helping children and youth achieve their potential through education.

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

AMOUNT \$ or % _____

SELF RELIANCE Helping families be come financially stable and independent

- Supporting basic needs while increasing financial education
- increasing affordable housing for seniors and families

AMOUNT \$ or % _____

HEALTH Improving peoples health

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

AMOUNT \$ or % _____

--- option B ---

ALL OF THESE. United Way Community Cares Fund.

The most powerful way to invest your contribution.

AMOUNT \$ or % _____

--- option C ---

Restricted Contribution

AGENCY NAME (please be specific)

AMOUNT \$ _____

Signature _____

Please check the accuracy of all your entries.
Thanks for investing in United Way.

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information. Planned giving: Please consider a gift to United Way of Southwest Colorado in your will, insurance policies, or investments.