**PLEDGE FORM**

**United Way of Muskingum, Perry, and Morgan Counties**

**JOIN THE FIGHT** for health, education and financial stability in our local community!

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**Donor Information (please print or type) *Your personal information is kept confidential.***

☐Mr. ☐Mrs. ☐Ms. ☐Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEDGE INFORMATION**

□1st Time giving to United Way of MPM □ Returning investor for \_\_\_\_\_ years.

□Individual Investment □Workplace Campaign-Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GIVING OPTIONS**

Please consider becoming a recognized leadership giver in your community.

□ Zane Grey Society - with a total annual gift of $1,200 or more.

***Payment Method (please check one):***

□ Payroll deduction $\_\_\_\_\_\_\_\_\_\_\_\_\_ per pay x \_\_\_\_\_\_\_pay periods for a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I(we) pledge a total annual gift of $\_\_\_\_\_\_\_\_\_\_ to be paid: □ Enclosed □ Monthly

□ Bill Me ($26 minimum) □ Bill credit card

Credit card type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date\_\_\_\_\_\_\_\_\_\_ CC #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Directed Giving Options*** – I would like to direct my gift to the following:

□ United Way of MPM Community Investment Fund [targets the greatest area of need in our community]

□ Health $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Education $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Financial Stability $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other United Way or **501(c)3** nonprofit organization (total contribution must be $100 or more, and 10% designation fee will be assessed)

Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I(we) wish my(our) gift to remain anonymous.

*United Way of MPM acknowledges 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.* Please return completed pledge forms to:

United Way of MPM, 526 Putnam Avenue

Zanesville, OH 43701

Phone (740)454-6872/Fax (740)454-6875

**Kyle Dunn, Director of Resource Development**

**kdunn@unitedwayofmpm.org**

**Donate online via unitedwayofmpm.org**