



United Way of Muskingum, Perry, and Morgan Counties

PLEDGE FORM

United Way of Muskingum, Perry, and Morgan Counties

JOIN THE FIGHT to secure equitable access to financial stability, educational opportunities, and good health for every person in our community!



Save time, donate online!

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

REQUIRED FOR RECORD KEEPING

Mr. Mrs. Ms. Other _____

Home address _____

City, State, Zip Code _____

Phone/Email _____

PLEDGE INFORMATION

Individual Investment Workplace Campaign-Employer: _____

GIVING OPTIONS

Join our Leadership program with an annual gift of \$1,200 or more!

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)

Credit card: VISA MASTERCARD AMERICAN EXPRESS

Frequency: Onetime charge Monthly Charges of \$ _____ for _____ months starting ____/____/____

CC#: _____ - _____ - _____ - _____ Exp.Date ____/____/____ CVV _____

Signature: _____ Date: _____

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** health and human services 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, P.O. Box 697
Zanesville, OH 43702
Phone (740)454-6872
Or Employee Campaign Chair: _____