United Way of Portage County

SIGNATURE



2024-2025 EMPLOYEE PLEDGE FORM

DATE

Step 1	My Information		
First name	MI	Last Name	Suffix
Address	□Check if this is a new addre	ss Apt. #	THANK YOU! We'd like to recognize you in our
City	State	Zip	publications. Please tell us how you'd like your name to appear:
Preferred Phone :	# □ Hor	ne □Business □Cell	Lwigh to remain an anymous
Preferred Email A	ddress	_	I wish to remain anonymous
Employer/Dept.			Please check if you are planning to retire in the next 12 months
Step 2 My Investment Gifts made in Portage County stay in Portage County			
Payment Options 1 Payroll Deduction (Per Pay Period) 2 Bill Me (\$50 minimum) Quarterly One time 3 One Time Gift Visa Mastercard AMEX Check(Payable to United Way) Card Number: Exp: / CVV: 4 Online Donation - visit www.uwportage.org - please write employer name in the 'Comments' section			
Optional	Focus My Donation		
Most Impact: Direct my contribution to the Community Impact Fund: Amount \$			
Direct all or a portion of my contribution to this area of need:YOUTH EDUCATION - helping children and youth achieve their potential: Amount \$			
CRITICAL NEEDS - empowering individuals to be financially stable: Amount \$ PUBLIC HEALTH - building healthy, more resilient communities: Amount \$			
I wish to direct this portion of my contribution to one or more of United Way's partner agencies (minimum donation of \$48 for 1 org, \$96 for 2 orgs, \$144 for 3 orgs, \$192 for 4 orgs, etc.):			
			Amount \$
Agency(s) to direct may donation list of our partner agencies can be found on page 3			
STEP 3	Your Signature		