INDIVIDUAL PLEDGE FORM

UNITED WAY
South Central Michigan

1. MY GIFT

Total annual gift $ _____

2. MY INFORMATION

PLEASE PRINT. PERSONAL INFORMATION IS NEVER SHARED.

Please take a moment to review the details we've pre-filled, and update or add as needed.

FIRST NAME _____ MI _____ LAST NAME _____ PRONOUNS _____

PARTNER'S NAME (IF APPLICABLE) _____ ACCOUNT NUMBER _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

PREFERRED PHONE: ☐ MOBILE _____ ☐ OTHER _____

PERSONAL EMAIL ADDRESS _____ PREFERRED METHOD OF CONTACT: ☐ Phone ☐ Email ☐ Mail

☐ I'm retiring soon. Please keep in touch.

☐ Please keep my gift anonymous

☐ I'd like to receive monthly updates about my impact.

☐ My employer will match my gift

☐ I've included United Way in my Will

☐ I would like to learn more about planned giving

Please be sure to sign to authorize your contribution

Signature _____ **Date** _____

3. MY IMPACT

Where would you like your gift to go?

Choose by Community:

- ☐ Wherever its needed most
- ☐ Albion-Homer
- ☐ Calhoun County
- ☐ Capital Area (Clinton, Eaton, Ingham counties)
- ☐ Kalamazoo County
- ☐ Jackson County

OR

Choose by UWSCMI program:

- ☐ Disaster Relief Fund
- ☐ Program Assistance Center
- ☐ United for ALICE at Work
- ☐ Capital Area College Access Network (Capital Area)
- ☐ Volunteer Income Tax Assistance (Capital Area)
- ☐ Volunteer Income Tax Assistance (Kalamazoo County)
- ☐ Continuum of Care (Kalamazoo County)
- ☐ Continuum of Care (Calhoun County)
- ☐ JobSTAR (Jackson County)

Note: If you make more than one selection, your gift will be divided evenly between them.

4. MY GIVING METHOD

☐ **CREDIT CARD**

To keep your information secure, please use any of the following options:

- Donate online at unitedforscmi.org or scan the QR code.

☐ **CHECK** (clip to form)

Check date _____ Check number _____

☐ **CASH** (clip to form)

☐ **BILL ME** ($50 minimum, phone number, personal email and home address required). You'll receive an email reminder of your pledge.

☐ **STOCK** Call 269-381-0592

- Gifts handled by Robert W. Baird & Co.

☐ **DAF** I plan to make this gift through my Donor Advised Fund

OPTIONAL DESIGNATION I would like $ _____ of my annual donation (noted above) delivered to the following 501(c)(3) of my choosing. I understand that a pledge processing fee of 13% will apply to any gift designated to a specific agency. This fee covers solicitation, verifying 501(c)(3) tax-exempt status and Patriot Act compliance, processing and payment.

CHARITY NAME _____ CHARITY ADDRESS _____

Your gift is tax deductible as allowed by law. No goods or services have been given in return for this gift.

PLEDGE FORM

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UWSCMI is committed to advancing equity in all that we do. As a partner in our shared impact, we invite you to share more about yourself below. This **optional and confidential** information helps us build deeper relationships and accountability in our work. Visit **unitedforscmi.org** to learn more.

AGE RANGE

- ☐ under 18
- ☐ 18-39
- ☐ 40-65
- ☐ 66+
- ☐ Prefer not to answer

DO YOU IDENTIFY AS A PERSON WITH A DISABILITY?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

HAVE YOU EVER SERVED OR ARE CURRENTLY ON ACTIVE DUTY IN THE U.S. ARMED FORCES, RESERVES, OR NATIONAL GUARD?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

RACE/ETHNICITY (SELECT ALL THAT APPLY)

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Middle Eastern/North African
- ☐ Multiracial
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

GENDER IDENTITY (SELECT ALL THAT APPLY)

- ☐ Man
- ☐ Woman
- ☐ Nonbinary
- ☐ Cisgender (your identity aligns with your sex assigned at birth)
- ☐ Transgender (your identity does not align with your sex assigned at birth)
- ☐ Another identity not listed here
- ☐ Prefer not to answer

DO YOU AS IDENTIFY AS LGBQA+ (LESBIAN, GAY, BISEXUAL, QUEER, ASEXUAL+)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer