

WORKPLACE PLEDGE FORM



1. MY GIFT Total annual gift \$ _____

2. MY INFORMATION PLEASE PRINT. PERSONAL INFORMATION IS NEVER SHARED.

TITLE/PREFIX _____ FIRST NAME _____ MI _____ LAST NAME _____ PRONOUNS _____

PARTNER'S NAME (IF APPLICABLE) _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

EMPLOYER _____ PREFERRED PHONE: ☐ MOBILE _____ ☐ OTHER _____

PERSONAL EMAIL ADDRESS _____ WORK EMAIL ADDRESS _____

I'm a member of a union. Union and local number _____

I'm retiring soon. Please keep in touch.

Please keep my gift anonymous

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

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

PAYROLL DEDUCTION (check one)

Divide my gift equally among _____ pay periods

Deduct my total annual gift from my first paycheck of the year

CREDIT CARD

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

- Donate online at unitedforscmi.org or scan the QR code. Be sure to fill in the company field.



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 269-343-2524

- Gifts handled by Robert W. Baird & Co.

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

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 LGBTQ+ (LESBIAN, GAY, BISEXUAL, QUEER, ASEXUAL+)?

Yes
No
Prefer not to answer