WORKPLACE PLEDGE FORM

UNITED WAY
South Central Michigan

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
- ☐ Continue this deduction each pay until I request a change

☐ **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.
- Call 888-681-GIVE

☐ **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

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

UNITED WAY
South Central Michigan

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