

PIKES PEAK UNITED WAY PLEDGE FORM



1. PLEASE PROVIDE YOUR INFORMATION

MR/MRS/MS/DR FIRST NAME MI LAST NAME

HOME ADDRESS CITY

STATE ZIP PERSONAL PHONE CELL HOME WORK PHONE

COMPANY NAME EMAIL SPOUSE

Gender: F M Other
Age Group: Under 30 31-40
 41-50 51-60 Over 60
Birthday (mm/dd) _____
I've been a loyal contributor
for _____ years.

2. TELL US HOW TO USE YOUR DONATION

GREATEST COMMUNITY NEEDS

- Pikes Peak United Way (**your gift will be directed to the area of greatest need**) \$ _____
- Community Investment Fund \$ _____
- Military/Veterans Assistance \$ _____
- **Child Care Fund** \$ _____
- Youth Success \$ _____
- Family Stability/ Homelessness \$ _____

UNITED WAY INITIATIVES

- **2-1-1** \$ _____
- **Dolly Parton's Imagination Library (DPIL)** \$ _____
- Colorado Springs Promise \$ _____
- Emerging Leaders Council \$ _____
- Women United \$ _____

DESIGNATION:

(PPUW Partner Agency or local nonprofit)

*PPUW may withhold 10% of designated gift to non-partner organizations - to be invested in the Community Investment Fund. Does not apply to Tocqueville or Cornerstone Donors.

Donors of \$1000 or more will be recognized as a Leader in Giving in our publications. Please tell us how you'd like your name to appear:

Qualify for tax credit on your Colorado state income taxes!

- Colorado Child Care Contribution Credit - Receive a 50% tax credit by giving to **Child Care Fund** or DPIL (\$250 minimum gift).
- El Paso County Enterprise Zone - Receive a 25% tax credit by giving to **2-1-1** (\$250 minimum gift). Checks made payable to El Paso County Enterprise Zone with PPUW 2-1-1 in Memo line.
*Both credits are excluded with payroll deductions
Please visit <https://engage.ppunitedway.org/taxcredits>

Yes, I want to leave a better future for generations by making an additional contribution to the PPUW Endowment Fund: \$ _____

MY TOTAL ANNUAL GIFT: \$ _____

3. PLEASE INDICATE THE DONATION AMOUNT AND METHOD OF PAYMENT

Option 1 - Give through payroll

I would like to give the following from each paycheck: \$ _____ X _____ (number of pay periods)

Option 2 - eCheck/Automatic Bank Account Withdrawal - \$25 minimum

Bank Name: _____ Bank Routing Number: _____

Bank Account Type: _____ Bank Account Number: _____

One time ACH payment

Or in equal payments: _____ months beginning _____ (month/year)

Option 3: Give cash/check/bill me or credit card - Please check one below

Cash/Check (attached)

Please bill me (home address required above) - \$25 minimum

Credit Card (please provide information below) - \$25 minimum

One time Credit Card payment

Or in equal payments: _____ months beginning _____ (month/year)

Credit Card (please circle): Visa Mastercard Discover Amex Name on Card _____

Number: _____ Expiration Date: _____ CVN: _____

Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution. For contributions made through payroll deduction, 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 consult your tax adviser for more information.



Signature

Date

I am interested in learning more about volunteer opportunities in my community

I would like to remain anonymous