

# PIKES PEAK UNITED WAY PLEDGE FORM



## 1. PLEASE PROVIDE YOUR INFORMATION

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

Gender:  F  M  Other

Age Group:  Under 30  31-40

41-50  51-60  Over 60

HOME ADDRESS CITY

Birthday (mm/dd) \_\_\_\_\_

I've been a loyal contributor

for \_\_\_\_\_ years.

STATE ZIP PERSONAL PHONE  CELL  HOME WORK PHONE

COMPANY NAME EMAIL

SPOUSE

## 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 \$ \_\_\_\_\_
- Mental Health \$ \_\_\_\_\_

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: \_\_\_\_\_

### UNITED WAY INITIATIVES

- Family Success Center \$ \_\_\_\_\_
- 2-1-1 \$ \_\_\_\_\_
- Dolly Parton's Imagination Library (DPIL) \$ \_\_\_\_\_
- Colorado Springs Promise \$ \_\_\_\_\_
- Backpack Bash \$ \_\_\_\_\_
- Emerging Leaders Council \$ \_\_\_\_\_
- Women United \$ \_\_\_\_\_

### 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. **Expires 12/31/2021.**
- \*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: \$ \_\_\_\_\_  
**To learn more, please call 719-955-0761**

DESIGNATION: \_\_\_\_\_ \$ \_\_\_\_\_  
(PPUW Partner Agency or local nonprofit)

MY TOTAL ANNUAL GIFT: \$ \_\_\_\_\_

\*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.

## 3. PLEASE INDICATE THE DONATION AMOUNT AND METHOD OF PAYMENT

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) - \$50 minimum
  - One time Credit Card payment Yearly recurring? Y/N (Charge will continue until PPUW is contacted.)
  - Or in equal payments: \_\_\_\_\_ months beginning \_\_\_\_\_ (month/year)

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

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVN: \_\_\_\_\_



Signature

Date

- I am interested in learning more about volunteer opportunities in my community
- I would like to remain anonymous

Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution. Please consult your tax adviser for more information.