



Company Name: _____

Please make copies as needed for your payroll department.

MY INFORMATION

1

Prefix _____ First _____ Middle Initial _____ Last Name _____ Suffix _____

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____ Preferred Email _____

Please thank me via: Mail at home Email Phone (necessary contact information *must* be provided above.)

GIFT & PAYMENT INFORMATION

2

EASY PAYROLL DEDUCTION

Contribute this amount each pay period: \$ _____

Pay periods per year: X _____

My total annual gift: \$ _____

ONE TIME GIFT Total \$ _____

Cash or Check (enclosed) Check# _____

Credit Card (Visa, MasterCard or Discover only)

Card number: _____

Expiration Date: _____

BILL ME (\$50 minimum gift required)

Once in _____ (month/year)

Quarterly Monthly

LEADERSHIP GIFTS

3

Please consider giving at the Vanguard level of \$1,000 or more. If your spouse/partner gives separately, you may combine your gifts for recognition at this level. Your generosity will be recognized in the Vanguard Directory.

Please recognize my gift in the Vanguard Directory. Print your name below to indicate how you wish to be listed.

I would like my spouse's name and gift recognized with mine.

Name: _____

Gift: _____

Workplace: _____

Total combined gift: \$ _____

Please do not publish my/our name in recognition materials. We would like to remain anonymous.

I have pledged \$500 or more and would like to participate in the **VANGUARD STEP UP PROGRAM**. Please recognize me as a Vanguard.

MY AUTHORIZATION (signature required)

4

Signature: _____

Date: _____

OPTIONAL

5

I wish to make a gift to United Way of Greater Lafayette.

COMMUNITY CARE The most powerful way to invest your contribution. Your gift supports *all* United Way funded activities.

FOCUSED CARE Give to an issue important to you. Please select one focus area for your gift. Education Income Health

I wish to restrict my gift to a specific agency.

RESTRICTED CONTRIBUTION Restrict my gift of \$50 or more to the following agency. Please print the agency name and address below.

_____ I would like United Way to *request* that the agency acknowledge my restricted gift.

NOTE: The agency you restrict your gift to must meet IRS requirements for charitable gifts. Noncompliant gifts will be directed to United Way of Greater Lafayette. Gifts restricted to agencies outside of United Way of Greater Lafayette participating organizations will be subject to an *8 percent administrative fee*.

PLEASE TEAR OFF THIS SECTION AND KEEP FOR YOUR ANNUAL TAX RECORDS.

No goods or services were given in exchange for this contribution.

Thank you for Living United.



DONOR RECEIPT

Name: _____

Date: _____

Total Pledge Amount: \$ _____