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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 \$ _____
- Women United \$ _____

DESIGNATION: _____

(PPUW Partner Agency or local nonprofit)

Please do not withhold 10% of designated gift to non-partner organizations. Funds invested in the Community Endowment Fund. Does not apply to Tax-Exempt 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:

Quality 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: \$ _____

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MY TOTAL ANNUAL GIFT: \$ _____

FS

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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 _____ 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.

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Signature

Date

Pledge Form