2023 PLEDGE FORM





Calhoun | Clinton | Eaton | Ingham | Jackson | Kalamazoo

1. MY GIFT

Total annual gift \$_____

| 2. MY IMPACT | 3. MY GIVING METHOD |
|--|--|
| Where would you like your gift to go? | PAYROLL DEDUCTION (check one) |
| Choose by Community: | Divide my gift equally among pay periods |
| ☐ Wherever it is needed most | Deduct my total annual gift from my first paycheck |
| ☐ Battle Creek | of the year |
| Capital Area (Clinton, Eaton, Ingham counties) | □ CREDIT CARD ■緊急等級項目 |
| ☐ Jackson County | To keep your information secure, please |
| Kalamazoo County | use any of the following options: |
| OR | Donate online at unitedforscmi.org or scan the QR code. |
| Choose by United Way program: | • Call 888-681-GIVE |
| Disaster Relief Funds (all areas of the region) | CHECK (clip to form) |
| College Access Network (Capital Area – education) | Check date |
| ☐ Continuum of Care (Kalamazoo – housing) | CASH (clip to form) |
| ☐ Volunteer Income Tax Assistance (Kalamazoo & Capital Area – financial stability) | BILL ME (\$50 minimum, phone number, email and address required). You'll receive an email reminder of your pledge. |
| Note: If you make more than one selection, your gift will be divided evenly between them. | STOCK Call 269-343-2524, ext. 108 |
| | |
| 4. MY INFORMATION PLEASE PRINT. PERSONAL INFORMA | TION IS NEVER SHARED. |
| | |
| TITLE/PREFIX FIRST NAME MI LAST NAME | PRONOUNS |
| PARTNER'S NAME (IF APPLICABLE) | |
| HOME ADDRESS | CITY, STATE, ZIP |
| PREFERRED PHONE: MC | |
| EMPLOYER (IF APPLICABLE) | DOTALE |
| PERSONAL EMAIL ADDRESS | WORK EMAIL ADDRESS |
| ☐ I'm a member of a union. Union and local number | \square Please keep my gift anonymous. |
| | ☐ I'm retiring soon. Please keep in touch. |
| Please be sure to sign to authorize your contribution | |
| Signature | Date |
| 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 | |
| Official Control of the Control of t | |

Your gift is tax deductible as allowed by law. No goods or services have been given in return for this gift.

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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 | RACE/ETHNICITY (SELECT ALL THAT APPLY) |
|---|--|
| under 20 | American Indian/Alaskan Native |
| ☐ 20-29 | Asian |
| □ 30-39 | Black/African American |
| ☐ 40-49 | Hispanic/Latino |
| ☐ 50-59 | ☐ Middle Eastern/North African |
| ☐ 60+ | Multiracial |
| ☐ Prefer not to answer | Native Hawaiian or other Pacific Islander |
| TOTAL HOUSEHOLD INCOME | ☐ White☐ Prefer not to answer |
| ☐ \$19,999 or under | |
| \$20,000-\$39,999 | GENDER IDENTITY (SELECT ALL THAT APPLY) |
| S40,000 - \$59,999 | Man |
| \$60,000-\$79,999 | Woman |
| \$80,000-\$99,999 | Nonbinary |
| \$100,000-\$119,999 | Cisgender (your identity aligns with your sex assigned at birth) |
| | Transgender (your identity does not align with your sex assigned at birth) |
| <u>\$160,000+</u> | Another identity not listed here |
| Prefer not to answer | Prefer not to answer |
| DO YOU IDENTIFY AS A PERSON WITH A DISABILITY? | DO YOU AS IDENTIFY AS LGBQA+ (LESBIAN, GAY, BISEXUAL, QUEER, ASEXUAL+)? |
| ☐ Yes | Yes |
| ☐ No | ☐ No |
| Prefer not to answer | 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 | |