

PLEDGE FORM

Please complete the required information so we may properly record your gift.
(Your privacy is important to us. Your information will not be sold or used in any unauthorized way. View our policy at uwbg.org/privacy.)



United Way of the Bluegrass



A \$2 CANDY BAR PER WEEK
provides 7 Sweet Dreams Project bags to local students.



A \$5 COFFEE PER WEEK
provides a mentor match for 7 kids a year.



A \$15 LUNCH OUT PER WEEK
can help 14 individuals access the support services and coaching needed to secure a full time job.



A \$50 TICKET PER MONTH
Provides two weeks of coaching for 13 families to help achieve their education, financial and health goals.

1 YOUR INFORMATION

Ms. Mrs. Mr. Dr.

FULL NAME _____

PREFERRED PHONE NUMBER _____ DATE OF BIRTH ____/____/____

STREET ADDRESS* _____

*NEW DONORS PLEASE COMPLETE THE ADDRESS LINE. RETURNING DONORS MAY SKIP UNLESS AN ADDRESS CHANGE IS NEEDED

City _____ State _____ ZIP _____

PREFERRED EMAIL _____ EMPLOYER _____

Please recognize my gift as Anonymous

2 YOUR GIFT

Your gift to United Way will help stabilize individuals in crisis, move families towards self-sufficiency and create innovative solutions to break the cycle of generational poverty. Your gift supports:

Basic Needs: providing the essentials to our most vulnerable neighbors and communities.

Family Opportunity: supporting programs to improve the education, financial stability, and the overall health and well being of Central Kentucky families.

Collective Impact: developing new, collaborative solutions to accelerate positive change for every person in our community, regardless of their zip code.

PAYMENT OPTIONS



SCAN THIS QR CODE TO GIVE TODAY!

OR

PAYROLL DEDUCTION:
\$ _____ per pay period

OR

ONE TIME CONTRIBUTION:
 CASH CHECK
_____/_____/_____
DATE

OR

BILL ME:
(MINIMUM \$100 TOTAL GIFT TO BE BILLED QUARTERLY)

CHECK NUMBER

(please attach check or cash to this form)

TO GIVE ONLINE VISIT US AT UWBG.ORG/GIVE
OR SCAN THE QR CODE ABOVE

Please check this bubble and submit this form to the appropriate person

\$

TOTAL ANNUAL GIFT

3 SIGNATURE

DATE ____/____/____

IMPORTANT TAX INFORMATION: No goods or services were provided in exchange for this contribution. 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 advisor for more information.

Thank you for your contribution to UWBG! All UWBG partners receive funding thanks to your gift. When you direct your gift to United Way, all UWBG partners providing services to the community benefit. Designations to a specific agency or program are allowed, but require a \$50 minimum for each designation. To view a list of partners and programs, please visit uwbg.org/agency-partners. If you choose more than one agency or program for designation, your gift will be equally divided between selections. Please note, if the organization you select is not in compliance with UW policy, we reserve the right to redirect your gift to United Way of the Bluegrass.

UW Program or Partner Agency You Wish to Designate To: _____ ANNUAL GIFT AMOUNT: _____ (\$50 MINIMUM)

I would like to opt out of emails from United Way of the Bluegrass.