



UNIVERSITY OF MICHIGAN CHARITABLE GIVING CAMPAIGN 2019 PLEDGE FORM



United Way
of Washtenaw County

1. PLEASE PROVIDE YOUR INFORMATION. (* Required Fields)

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

*HOME ADDRESS (For credit card charges, address listed must be your billing address.) *CITY *STATE *ZIP

*HOME PHONE NUMBER *UM UNIQUE NAME *EMPL ID *E-MAIL ADDRESS

Pledging \$1,000 or more? You are a Leadership Giver!
How would you like your name(s) to be listed?

Do you have a partner/spouse at UM? Please list their name.

Yes! I want to receive e-mail updates/newsletters from U-M United Way and/or United Way of Washtenaw County.

NAME(S) FOR RECOGNITION PARTNER/SPOUSE NAME

2. PLEASE INDICATE GIFT AMOUNT AND SELECT YOUR PAYMENT OPTION.

EASY PAYROLL DEDUCTION

I want to contribute the following amount each month:

(indicate one) \$100 \$50 \$25 \$10

Other Monthly Amount \$ _____

(Example: \$10 each month = \$120 total annual gift)

For a total annual gift of: **AMOUNT \$**

CHECK (Included)

AMOUNT \$ Check # _____

Make payable to United Way of Washtenaw County

CREDIT CARD

I want to give the following: **AMOUNT \$**

Credit/Debit

Please circle: AMEX - VISA - MasterCard - Discover

Card # _____

Exp _____

- One time payment before December 31, 2019
- One time payment in January 2020
- Quarterly installments in 2020-Jan, Apr, Jul, Oct
- Monthly installments starting in Jan 2020

BANK TRANSFER

I want to give the following: **AMOUNT \$**

Bank Transfer

Account # _____

Bank Routing # _____

- One time payment before December 31, 2019
- One time payment in January 2020
- Quarterly installments in 2020-Jan, Apr, Jul, Oct
- Monthly installments in 2020

SECURITIES – Call 734.677.7227 to transfer funds.

3. PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY. (There are two options; you may choose either or both.)

Option A - The United Way Community Impact Fund (This fund covers all areas listed below.)

AMOUNT \$

I direct United Way of Washtenaw County to determine the best way to use my gift to address needs in the area(s) of:

- Early Childhood Care & Education
- Homelessness and Housing
- Older Adults
- Health & Nutrition/Hunger Relief
- School-Aged Youth
- Financial Stability

Option B - Designated Agency, Initiative, or Program

You may write in any 501c3 agency. If more room is needed, attach an extra sheet. There is a 12.9% administration fee to forward a minimum gift of \$25 or more to an agency of your choice that fulfills the United Way of Washtenaw County's requirements. No goods or services were provided for this contribution.

AMOUNT \$ _____

AMOUNT \$ _____

Don't share my name with any designated agency.

4. COMPLETE YOUR PLEDGE WITH SIGNATURE AND DATE. (Is everything accurate?)

*Signature

*Date

Return completed form in the provided envelope to: UM Charitable Gift Office - 503 Thompson St., Ann Arbor, MI 48109-1340
Questions? Visit: www.uway.umich.edu or E-mail: uwquestions@umich.edu or Call: 734.763.3109.

PLEASE NOTE: A receipt for your pledge will be sent via e-mail, if one is provided, or mailed to the address listed above.