

THANK YOU FOR YOUR PLEDGE TO A STRONGER COMMUNITY



UNITED WAY OF NORTH
CENTRAL MASSACHUSETTS

MY INFORMATION

PLEASE PROVIDE YOUR INFORMATION IN THE SPACE BELOW:

Please ensure that your gift is processed correctly by printing BOLDLY and LEGIBLY on this pledge form and by using a BLUE OR BLACK INK PEN.

PREFIX FIRST NAME M.I. LAST NAME SUFFIX

HOME EMAIL ADDRESS (so we can thank you and keep you updated on the positive, lasting change you're creating) EMPLOYER

HOME STREET ADDRESS (For credit card charges, address listed must be your billing address.) APARTMENT NUMBER CITY

STATE ZIP CODE HOME PHONE MOBILE PHONE

HOW WOULD YOU LIKE TO MAKE AN IMPACT?

I would like to support the focus areas I've checked below.

- Community Impact:** Addresses most pressing community needs; provides funding support to the most effective programs in our area
- Greater Athol - Athol, Royalston, Petersham, Phillipston
 - Greater Gardner - Ashburnham, Gardner, Hubbardston, Templeton, Westminster, Winchendon
 - Twin Cities - Fitchburg, Leominster
 - Nashoba / North Middlesex - Ashby, Ayer, Devens, Groton, Harvard, Littleton, Lunenburg, Pepperell, Shirley, Townsend

Education and Youth Opportunities:

Supports early childhood literacy and skills development for youth (United Way Youth Venture, Footsteps2Brilliance, out of school programming and child development)

Pathways out of Poverty:

Supports food security (including Combat Hunger), housing, utility assistance, in addition to financial coaching and credit building to promote economic self sufficiency

FOR UNITED WAY USE ONLY

MY TOTAL ANNUAL GIFT = \$

PLEASE CHOOSE TOTAL ANNUAL GIFT AMOUNT AND METHOD OF PAYMENT.
DO NOT FORGET TO ENTER YOUR TOTAL GIFT AMOUNT.

EASY PAYROLL DEDUCTION

My pay period is (number of times paid per year): Weekly (52) Bi-weekly (26) Semi-monthly (24) Monthly (12) Other_____

I want to contribute the following per pay period: \$50 \$25 \$10 \$5 \$3 Other \$_____ I'd like to help future generations by adding just \$10 to the UWNCM Endowment Fund

- CREDIT CARD Please charge my card ONE time for the total annual gift stated above
 Please charge my card in equal payments for: _____ # of months, beginning (MM/YY) _____

VISA MASTERCARD DISCOVER AMEX Expiration Date (MM/YY) Security Code

- PERSONAL CHECK (please attach check and make payable to United Way of North Central Massachusetts)
 PLEASE BILL ME (home address required as stated above)

PLEASE SIGN AND DATE

SIGNATURE _____ DATE (MONTH-DAY-YEAR) _____

United Way does not sell, trade or disclose its donors' personal information.

Other Agency: I would like to designate my gift to the agency below (Must be an official 501(c)(3) agency; \$25 minimum)

Of my total gift above, please provide \$ _____ to the agency designated below.

- I would like to remain anonymous (we won't release your name to the agency to be thanked)

ENTITY (FULL NAME) CITY STATE

United Way of North Central Massachusetts works diligently to keep administrative expenses low. Please visit our website at uwncm.org/administrative-expense-calculation for our administrative expense ratio. This is also the approximate charge on all designated gifts to cover fund-raising, collecting, processing and distribution costs. The ratio varies slightly annually and is considered below industry standards. No goods or services were provided in exchange for this contribution. We do not sell or rent donor information.