HEART OF MAINE UNITED WAY PLEDGE FORM



THANK YOU FOR INVESTING IN YOUR COMMUNITY

STEP 1: TELL US ABOUT YOURSELF

Signature

Mr.	Mrs. Ms. M. or Dr.	First Name	Middle Initial	Last Name		Preferred Name
Hon	Home Address		City		State	Zip Code
Emp	oloyer		Phone □ Cell □ Hol	me 🗆 Work	Email □ Pers	conal 🗆 Work
	t Heart of Maine United V ctivities you would be inte			match your interes	ts and skills. Plea	ase indicate all the volunteer
		United Way grant review	☐ Nonprofit board or o	committee service	☐ Event plar	nning & support
		Fundraising	☐ Ongoing projects/of	fice work	□ General/o	ther opportunities
Т	hank you for your willing	ness to contribute your t	ime and talents to your co	mmunity!		
STI	EP 2: SELECT YOUR F	PREFERRED PAYMEN	T OPTION			
0	DIRECT GIFT	O E	ASY PAYROLL DEDUCT	ION 🗆	RECURRING	G GIFT
	Please write the amoun indicate your preferred		want to contribute the following mount each pay period for a full year:		Please contact me to assist with the setup of a recurring donation on my debit or credit card.	
	\$		X	ERIODS		
	DIRECT GIFT TO BE PAID BY: □ Cash □ Card*		AY PERIOD: A PER Y	YEAK:	COMBINE N	MY GIFT
			\$5 □ \$10		Please combine my gift with:	
	□ Stock* □ Personal C	heck (enclosed)	□ \$20 or \$□			
			Name of spouse/significant other TOTAL ANNUAL GIFT * For security reasons, call (207) 941-2800		se/significant other	
	□ Bill me Monthly: \$				* For security reasons, call (207) 941-2800	
	□ Bill me Quarterly: \$		3		visit HoMEUnitedWay.org/donate	
	Those who ☐ I wish to remain and		000 or more will be recogn ist name(s) in all United Wa			ion and on our website.
				y publications as ic		
	MY TOTAL A	NNUAL GIFT:	<u>\$</u>			
ST	EP 3: PLEASE CHOOS	E HOW YOU WANT T	O INVEST IN YOUR CO	MMUNITY		
	COMMUNITY FUND		ALLOCATE MY DONA	TION	□ REST	RICTED 501(C)(3) CONTRIBUTION
	I want my donation to ha power by investing in loc	al programs and	Basic Needs \$			inumim. Please print 501(c)(3) name, ss and federal EIN number below:
	services that are meeting needs right here in our re		Early Childhood Developn			
	0		·			
			Substance Use Disorder			
			<u>Y</u>			not wish to receive acknowledgement of gift from the $501(c)(3)$.

Thank you for your contribution to the United Way campaign. Please review your information for accuracy. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. If you have elected payroll deduction with your employer you will find proof of your donation on your pay stub or W-2. Heart of Maine United Way will provide tax receipting for all direct gifts of \$250 or more. Please consult your tax advisor for more information.

Your gifts make the incredible work of **33 agencies and 40 programs** across our six county region possible. Strategic Investment Grants provide organizations with stable funding over three years so they can provide critical services in our communities.

In the Heart of Maine, 46% of households struggle to afford their basic expenses. Over the past year, HoMEUW helped 122,747 people, many of whom are ALICE (Asset Limited, Income Constrained, Employed), through our initiatives and investment in nonprofit programs.

If you would like to influence where your dollars are invested in the next cycle of grantmaking, we invite you to become a volunteer grant reviewer in 2025. To talk more about this opportunity, please email Elaine Thomas, Senior Manager of Community Impact, at elainet@homeunitedway.org.

OUR GOALS

BOLD GOAL 1: BASIC NEEDS

Meet basic needs and promote self-sufficiency for all.



BOLD GOAL 2: SUBSTANCE USE DISORDER

Prevent, treat, and support recovery from Substance Use Disorder.

BOLD GOAL 3: EARLY CHILDHOOD

Ensure all children have quality early learning experiences.

OUR IMPACT

COUNTY	% Below ALICE survival budget	# Programs & Initiatives Funded	# Served by HoMEUW
Hancock County	42.9%	19	36,129
Penobscot County	45.8%	32	45,292
Piscataquis County	47.2%	15	7,887
Somerset County	48.1%	14	13,705
Waldo County	45.3%	12	7,936
Washington Count	y 50.1%	13	11,798