

HEART OF MAINE UNITED WAY PLEDGE FORM



STEP 1: TELL US ABOUT YOURSELF

Mr. Mrs. Ms. M. or Dr.	First Name	Middle Initial	Last Name	Preferred Name
Home Address		City	State	Zip Code
Employer		Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Email <input type="checkbox"/> Personal <input type="checkbox"/> Work

At Heart of Maine United Way, we offer a variety of volunteer opportunities to match your interests and skills. Please indicate all the volunteer activities you would be interested in. Select all that apply:

United Way grant review Nonprofit board or committee service Event planning & support
 Fundraising Ongoing projects/office work General/other opportunities

Thank you for your willingness to contribute your time and talents to your community!

STEP 2: SELECT YOUR PREFERRED PAYMENT OPTION

DIRECT GIFT

Please write the amount below to indicate your preferred giving method:

\$ _____

DIRECT GIFT TO BE PAID BY:

Cash Card*
 Stock* Personal Check (enclosed)

Bill me Monthly: \$ _____
 Bill me Quarterly: \$ _____

EASY PAYROLL DEDUCTION

I want to contribute the following amount each pay period for a full year:

MY GIFT PER PAY PERIOD: \$20 \$40
 \$60 or \$ _____
=
TOTAL ANNUAL GIFT
\$ _____

RECURRING GIFT

Please contact me to assist with the setup of a recurring donation on my debit or credit card.

COMBINE MY GIFT

Please combine my gift with:

Name of spouse/significant other _____

* For security reasons, call (207) 941-2800 or visit HoMEUnitedWay.org/donate

Those whose gifts are valued at \$1,000 or more will be recognized in our Leaders' Circle publication and on our website.

I wish to remain anonymous Please list name(s) in all United Way publications as follows: _____

MY TOTAL ANNUAL GIFT: \$ _____

STEP 3: PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY

COMMUNITY FUND

I want my donation to have the most power by investing in local programs and services that are meeting the greatest needs right here in our region.

ALLOCATE MY DONATION

Basic Needs
\$ _____
Early Childhood Development
\$ _____
Substance Use Disorder
\$ _____

RESTRICTED 501(C)(3) CONTRIBUTION

\$50 minimum. Please print 501(c)(3) name, address and federal EIN number below:

I do not wish to receive acknowledgement of my gift from the 501(c)(3).

*Thank you
FOR INVESTING IN YOUR COMMUNITY*

Signature _____

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.

A LEGACY *of giving*

For generations, people across the Heart of Maine have stepped up to care for their neighbors. That legacy of giving continues today—through you. Every gift powers change that makes our communities stronger.

Your support means families can put food on the table, children can arrive at school ready to learn, and seniors can remain safe and connected. It gives nonprofits the resources to meet urgent needs today and the partnerships to build lasting solutions for tomorrow. **When you give, you are investing in a thriving, resilient Heart of Maine.**

Our Goals

BASIC NEEDS

Meet basic needs and promote self-sufficiency for all.

SUBSTANCE USE DISORDER

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

EARLY CHILDHOOD

Ensure all children have quality early learning experiences.

NON-PROFIT CAPACITY BUILDING

Build capacity so non-profits can grow, collaborate, and lead lasting change.

Our Impact

COUNTY	# Programs & Initiatives Funded	# Served by HoMEUW
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Hancock County	16	28,858
Penobscot County	28	46,402
Piscataquis County	16	9,857
Somerset County	12	31,604
Waldo County	12	6,821
Washington County	13	10,700

