

PLEDGE FORM



STEP 1: ABOUT

First Name	Middle Initial	Last Name	Preferred Name
Home Address	City	State	Zip Code
Employer	Cell	Personal email	

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.

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|--|---|--|
| ☐ 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: PAYMENT

☐ 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 \$ _____ * For security reasons, call (207) 941-2800 or visit homeunitedway.org/donate ** Please make checks payable to Heart of Maine United Way	☐ 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
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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: INVEST

☐ 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 \$ _____ The Hub Programming \$ _____	☐ RESTRICTED 501(c)(3) CONTRIBUTION \$50 minimum. Please print 501(c)(3) name and amount: _____ _____ _____ ☐ Please keep my 501(c)(3) contribution anonymous.
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STEP 4: SIGN

Signature _____ Date _____

**THANK YOU FOR INVESTING
IN YOUR COMMUNITY**

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. 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.