

United Way for Greater Austin Pledge Form

Tell Us About Yourself

First Name	Middle I.	Last Name	
Home Address	City	State	Zip
Email	Cell Phone	Gender	Date of Birth
Spouse/Partner Name			

Yes! I want to support United Way's mission of fighting poverty in Greater Austin.
Invest my gift where it is needed most to ensure every child enters Kindergarten ready to learn, every child reads on grade level, every person connects with community resources promoting health, and all families are financially stable.

Optional* I would like my gift to have a special focus on:

- Education
- Health
- Financial Stability

Join a Donor Network!

Donor networks connect you with local community leaders who share your passion for doing good through exclusive social and networking events, behind-the-scenes tours, and meaningful volunteer and advocacy opportunities.

Visit unitedwayaustin.org/donor-networks or scan the QR code to learn more and join.



Make Your Investment

Easy Payroll Pledge

I want to contribute the following amount *each pay period*

\$250 \$100 \$50 \$25

Other \$ _____

I receive _____ paychecks per year

_____ X _____ = \$ _____
amount # of paychecks total gift

Cash or Check One-Time Gift

I want to contribute the following amount

\$2,500 \$1,200 \$1,000 \$250

OR Other \$ _____

Select One:

- Cash
- Check No. _____
payable to United Way is attached

Credit Card Gift

I made my gift at unitedwayaustin.org/employeeegifts

Recurring Gift of \$ _____ per month

One-Time Gift of \$ _____

Additional Giving Options

To donate stock, visit unitedwayaustin.org/stockgift.

Optional* I would like a portion/all of my gift to be designated to the tax exempt/nonprofit organization listed to the right. (The minimum designation amount is \$250 to a non-partner agency. There is a maximum of one designation to a non-partner agency per donor. Correct and complete designation information is required at the time of pledge in order to honor a designation.)

Do not release my name to the agency to the right.

\$ _____ _____
Designated Amount *Name of 501(c)(3) Nonprofit*

Agency EIN

_____ _____ _____ _____
Address *City* *State* *Zip*

Signature

Date