ANNUAL CAMPAIGN PLEDGE FORM

Have questions about this form? Contact giftquestions@unitedwaydenver.org

Mile High UNITED WAY

PERSONAL INFORMATION (REQUIRED)

First Name _____ Last Name _____

Home Address _____ Apt # _____

City _____ State _____ Zip _____ Gender (optional) _____

Preferred Email _____ Preferred Phone _____

☐ Home Email ☐ Work Email

Employer _____ Job Title _____

MY PLEDGE Every dollar makes a difference in our community

☐ I would like to make a regular payroll donation of $ _____ per paycheck

☐ I would like to make a one-time, lump sum donation of $ _____

PLEASE SELECT PAYMENT TYPE:

☐ **Payroll Deduction** (minimum gift of $2 per month or $24 per agency per year)

☐ $10 ☐ $15 ☐ $25 ☐ $45 ☐ $100 ☐ Other $ _____ per paycheck I My pay frequency is: _____ times per year

☐ **Cash, Check, or Credit Card Donation**

☐ Enclosed is cash or a check. Check # _____ Please make checks payable to Mile High United Way

☐ Please charge my credit card for: $ _____ on _____ ☐ Once ☐ Monthly ☐ Quarterly

My card type: ☐ MC ☐ VISA ☐ DISC ☐ AMEX

My card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Exp. Date _____ CVV code _____

Signature _____ Date _____

☐ Yes, I am a Loyal Contributor, I have given to United Way for ten or more years

☐ I would like to learn more about leaving a legacy to Mile High United Way ☐ I wish to remain anonymous

THANK YOU!

OPTIONAL Please direct my gift in these specific areas: (check all that apply)

☐ $ _____ **Mile High United Way Community Impact Fund - Use my donation where it's needed most**

☐ $ _____ Mile High United Way - Basic Needs

☐ $ _____ Mile High United Way - Early Childcare & Education

☐ $ _____ Mile High United Way - Safe & Stable Housing

☐ $ _____ Mile High United Way - Financial Security

☐ $ _____ 2-1-1 Help Center - Connecting people to critical resources

☐ $ _____ Bridging the Gap - Helping families achieve a higher level of independence

☐ $ _____ United for Families - Expanding access to high-quality early childhood education

☐ $ _____ Women United Initiative - Investing in high-impact programs benefiting women and girls

☐ $ _____ Tax Help Colorado - Providing free tax preparation so families receive the refunds they're owed

☐ $ _____ Joan Leprino Community Corner - Onsite food pantry providing fresh food and support services

MULTIPLY YOUR IMPACT

Leverage your giving through Colorado Contribution Tax Credits. Please visit www.unitedwaydenver.org/tax-credits for more information. ($250 minimum gift)

☐ $ _____ Colorado Homeless Contribution Credit (HCTC): 25% tax credit (please select ONE of the following):

☐ 211 Help Center ☐ Bridging the Gap ☐ Uptown Apartments (Capital) ☐ Uptown Apartments (Operations)

☐ $ _____ Colorado Childcare Contribution Credit (CCCC) 50% tax credit: Mile High United Way's Child Care Fund

☐ $ _____ Support a 501(c)(3) nonprofit organization. (Minimum gift of $2 per month or $24 per agency)

Agency Name _____ Phone Number _____

Address _____ City _____ State _____ ZIP _____ Agency EIN # _____

This form, along with your canceled check or payroll stub, will satisfy the Internal Revenue Service regulations regarding charitable gifts. For single, one-time donations of $250 or more, Mile High United Way will send you a charitable contribution receipt. No compensation, goods or services have been given to the donor in return for this contribution. Mile High United Way will not disclose, sell, share, trade or rent personal data. Gifts to organizations other than Mile High United Way are no longer subject to a gift processing fee. Partner gifts not meeting the $24 minimum will be directed to our Community Fund. Please refer to UnitedWayDenver.org for additional information.

PLEASE MAKE A COPY FOR YOUR RECORDS

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