LIVE UNITED

YES, I WANT TO HELP IMPROVE PEOPLE'S LIVES AND OUR COMMUNITY.

United Way

United Way of Bemidji Area

1. MY INFORMATION

To ensure that your gift is processed correctly, please print legibly.
United Way respects your privacy and does not sell, trade or disclose personal information.

MR/MRS/MS _____ FIRST NAME* _____ LAST NAME* _____

HOME MAILING ADDRESS* _____

CITY * _____ STATE * _____ ZIP* _____

TELEPHONE _____ EMPLOYER _____

*Information required.

MN STATE EMPLOYEES
Payroll deduction contributions/pledges must be made through the Combined Charities State Campaign.
www.charities.state.mn.us/how-to-pledge

MINNESOTA STATE EMPLOYEES COMBINED CHARITIES CAMPAIGN
State Employees Caring for Minnesota

2. PLEASE KEEP ME INFORMED ON HOW MY CONTRIBUTION IS MAKING A DIFFERENCE.

Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

EMAIL ADDRESS _____

3. PLEASE SELECT YOUR GIFT OPTION:

EASY PAYROLL DEDUCTION

A. I pledge $_____ per pay period.

B. My pay period is:
- ☐ weekly (52/year)
- ☐ every two weeks (26/year)
- ☐ bi-monthly (24/year)
- ☐ monthly (12/year)
- ☐ other _____ pay periods

C. My total annual payroll deduction is:
(A X B) = $_____*

**A gift of $500 or more qualifies you as a Pillar Member. If you are 28 and under, your gift of $250 or more qualifies you as an Emerging Leader. Complete Step 4 Recognition.*

D. ☐ I authorize my employer to deduct the above amount from my paycheck(s).
Please remember to turn in a copy of your pledge card to your payroll dept. or workplace campaign coordinator.

E. ☐ I would like a receipt of my gift.
☐ No receipt is necessary.

OTHER WAYS TO GIVE

My TOTAL donation $_____

☐ **Cash/Check** (payable to United Way)

☐ **Stocks/Securities** (contact your broker)

☐ **Bill Me** ($50 minimum)
Choose one: ☐ quarterly (Jan, April, July, Oct)
or ☐ one-time-preferred month: _____
☐ Please save postage by emailing me my bill to the email address listed above.

☐ **Credit Card** payments are accepted online www.liveunitedbemidji.org, select GIVE

☐ **Auto Bank Transfer**
(Bank debits are made the 15th of each month)
I authorize my bank to debit $_____ per month from my account.
☐ Checking ☐ Savings
Name of Bank: _____
Routing #: _____
Account #: _____

☐ **I set up Online Bill Payment(s) through my bank or other online bill-paying service.**
United Way will receive $_____ every _____ *(week, two weeks, month, quarter…)*

4. RECOGNITION:

I/We wish to be a Pillar Member
- ☐ Leadership ($5,000+)
- ☐ Cornerstone ($2,500-$4,999)
- ☐ Founder ($1,000-$2,499)
- ☐ Supporter ($500-$999)

I/We wish to be an Emerging Leader Member *(age 28 and under)*

EMERGINGLEADERS

☐ Emerging Leader ($250 and above)

☐ **Please combine my gift with my spouse/partner:**

NAME OF SPOUSE/PARTNER _____

SPOUSE/PARTNER'S WORKPLACE _____

☐ **Please print my/our name(s) as follows in the Pillar or Emerging Leader Recognition Materials:**

_____

_____

☐ **I/We prefer to remain anonymous.**

5. MAKE A DIFFERENCE IN THE LIVES THAT FOLLOW:

☐ I want to leave a legacy and continue making a difference in my community. I have included United Way of Bemidji Area in my will and/or trust.

☐ I would like more information on the benefits of making a charitable gift to United Way.

6. PLEASE SIGN:

_____ SIGNATURE - **required** *(your signature authorizes your pledge)* _____ DATE

2011 United Way Marketing Sponsors:
Paul Bunyan COMMUNICATIONS
Hill's PLUMBING • HEATING

Thank you for living united and investing in the United Way of Bemidji Area. Please keep a copy of this pledge form for your tax records.