



# Pledge Form

Twin County United Way

NEW! Text to Give: Text TCUW to 40403 | Donate online: www.tcuw.org

www.tcuw.org

P.O. Box 1660 • Lewiston, ID 83501

208.743.6594 phone

## STEP 1

Mr/Ms/Dr First Name MI Last Name Jr/Sr

Preferred Name Personal Mailing Address

City State Zip Code Employer

Phone Number  Cell  Direct  Home Personal E-mail Address

I do not want to receive Twin County United Way e-newsletters.  
 I wish for my gift to remain anonymous.

## STEP 2 Choose your amount and method of payment.

**EASY PAYROLL DEDUCTION:** I want to contribute the following amount each pay period:  
(If you are paid every other week, use 26 pay periods. If twice a month, use 24 periods.)

$$\begin{matrix} \$ & & \times & & = & \$ \\ \text{Per Paycheck} & \times & \text{Pay Periods} & = & \text{Payroll Deduction Amount} \end{matrix}$$

**CASH (Enclosed):**

\$    
Cash Enclosed

**CHECK (Enclosed):**

\$    
Check Enclosed

**\*CHARGE ME:**  Visa  MC  American Express

$$\begin{matrix} \$ & & \times & & = & \$ \\ \text{Per Charge} & \times & 1, 4 \text{ or } 12 & = & \text{Total Charged Amount} \end{matrix}$$

Card Number

Expiration  Zip Code  CVV Code

**\*BILL ME:**

$$\begin{matrix} \$ & & \times & & = & \$ \\ \text{Per Invoice} & \times & 1, 4 \text{ or } 12 & = & \text{Total Billed Amount} \end{matrix}$$

**\*AUTOMATIC BANK WITHDRAWAL:** (Attach voided check)

$$\begin{matrix} \$ & & \times & & = & \$ \\ \text{Per Month} & \times & 1 \text{ or } 12 & = & \text{Total Amount} \end{matrix}$$

\$    
**Total Gift Amount**

\*Minimum \$50 for these donation options.

**NEW! Text TCUW to 40403  
Donate online at tcuw.org**

- I would like my gift to be perpetual and continue until I cancel.
- I would like to be contacted about planned giving or other donation options.

## STEP 3 Please choose how you want to invest in your community.

% **Community Fund**

Make the greatest impact in our community! Invest in what is needed most and what works locally to advance education, income and health.

% **Education**

Help children achieve their full potential

% **Income**

Fight poverty and promote financial independence.

% **Health**

Improve the overall health of people in Asotin and Nez Perce counties.



% Designated Contribution

NONPROFIT NAME  NONPROFIT ADDRESS

Designations must be to a 501(c)3 nonprofit that is registered with the IRS. If you choose to give THROUGH United Way to another organization, your designated gift must be at least \$50. Gifts less than \$50 will be redirected to the United Way Community Fund.

100% **TOTAL**

Please release my name and address to the nonprofit listed above.

## STEP 4 — My Signature

Signature:

Date:

**Thank you! Together, we fight for the health, education and financial stability for EVERY person in our community.**

No goods or services were provided in exchange for this contribution. If you need a receipt for your tax records, please keep a copy of this form.

