



# INVEST IN OUR COMMUNITY TODAY!

Twin County United Way  
Pledge Form

Text to Give: Text TCUW to 40403 | Donate online: [www.tcuw.org](http://www.tcuw.org)

[www.tcuw.org](http://www.tcuw.org)

P.O. Box 1660 • Lewiston, ID 83501

208.743.6594 phone

## STEP

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.)

$$\begin{matrix} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ & \underline{\hspace{2cm}} \\ \text{Per Paycheck} & & \times & \text{Pay Periods} & = & \text{Payroll Deduction Amount} \end{matrix}$$

Cash (Enclosed):

$$\begin{matrix} \$ & \underline{\hspace{2cm}} \\ \text{Cash Enclosed} \end{matrix}$$

Check (Enclosed):

$$\begin{matrix} \$ & \underline{\hspace{2cm}} \\ \text{Check Enclosed} \end{matrix}$$

\*Charge Me:

Visa  MC  American Express

$$\begin{matrix} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ & \underline{\hspace{2cm}} \\ \text{Per Charge} & & \times & 1, 4 \text{ or } 12 & = & \text{Total Charged Amount} \end{matrix}$$

Card Number

Expiration

Zip Code

CVV

\*Bill Me:

$$\begin{matrix} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ & \underline{\hspace{2cm}} \\ \text{Per Invoice} & & \times & 1, 4 \text{ or } 12 & = & \text{Total Billed Amount} \end{matrix}$$

\*Automatic Bank Withdrawal: (Attach voided check.)

$$\begin{matrix} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ & \underline{\hspace{2cm}} \\ \text{Per Month} & & \times & 1 \text{ or } 12 & = & \text{Total Amount} \end{matrix}$$

$$= \$ \underline{\hspace{2cm}} \text{ Total Gift Amount}$$

\*Minimum \$50 for these donation options.

Venmo: @twincountyunitedway  
Paypal: @tcuw

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 Please choose how you want to invest in your community.

% Area of Greatest Need

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

% Education/Cradle to Career

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.

