



# 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 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.)

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

Cash (Enclosed):

Check (Enclosed):

\*Charge Me:

Visa  MC  American Express

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

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

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

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.

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

% Area of Greatest Need



**Make the greatest impact in our community! By giving to Twin County United Way, you are directly impacting those in need in your community. You are putting books into the hands of children, helping children become ready for Kindergarten, reducing the suicide rate, preventing homelessness and making sure that Twin County United Way has boots on the ground making the greatest impact in our community.**

I would like my gift to be perpetual and continue until I cancel.



% 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.

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

100% TOTAL

## STEP 4 — My Signature

Signature:

Date:

Email completed form to [admin@tcuw.org](mailto:admin@tcuw.org) (completed PDF will attach to email)

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

