## **WORKPLACE PLEDGE FORM**



United Way of Kenosha County 5500 6th Ave, Ste. 210 Kenosha, WI 53140 262-658-4104 www.kenoshaunitedway.org



United Way of Kenosha County

## MY INFORMATION (PLEASE PRINT CLEARLY)

| Last Name:  |
|---|
|   |
| Number of years as a donor to United Way:   |
| City, State, Zip:   |
| Email Address: Personal Work I would like to receive United Way updates via email: Yes No   |
| ☐ I am retired ☐ I will be retiring on (MM/DD/YYYY):  |
| who contribute at leadership levels annually. My contribution is r (name below and employer):  Spouse partner employer: ship levels.  |
|   |
| My total annual PAYROLL contribution is \$  I prefer my gift to remain anonymous  visit www.kenoshaunitedway.org, click "Donate" on the home page   |
| / /   |
| <b>DATE</b> d in exchange for this contribution. Please keep a copy of this form for your   |
|   |
| ed Way's Community Impact Fund is the most powerful way to fight for the  DWS:  ILITY. Directly supports United Way of Kenosha County initiatives such as  ICC (VITA), Imagination Library, Youth As Resources (YAR), ALICE, IMPACT 2-1-1 |
|   |

You can also designate your gift to any qualified 501©(3) health and human service nonprofit agency or to another United Way.

Please note that agencies are not accountable to United Way for donor designated gifts. For processing purposes, United Way requires a minimum donation of \$150 to each organization designated. A Donor Designation Form is required for this type of designation.

United Way encourages donors to choose organizations with health and human service programs in the areas of education, income, and health.