

The power of United Way of Southwest Michigan lies in our ability to leverage, multiply, maximize, and compound your gifts to create a level of change that no one person could create on their own.



United Way of Southwest Michigan

In gratitude for your investment in our community, we are providing a chance to PAY IT FORWARD 5X! An individual who donates or pledges at least \$156 (the equivalent of \$3 a week) to United Way of Southwest Michigan is automatically entered into the PAY IT FORWARD sweepstakes for a chance to win \$500 AND give \$2,500 to a nonprofit* of their choice in Southwest Michigan. 5 winners will be randomly selected!

For sweepstakes rules and regulations, visit uwsm.org/pay-it-forward.

*UWSM reserves the right to final approval of 501c3 organizations selected.

1 MY INFORMATION (Must fill in this section completely to be eligible to participate in our incentives)

First name: _____ MI: ____ Last name: _____ Andrews ID#: _____

Home address: _____ City: _____ State: ____ Zip: _____

Phone home cell: _____ Email: _____

Company: _____ How many years have you contributed to United Way? _____

I am a leadership giver - my gift of \$500 or more qualifies me. **or** My gift combined with my spouse's qualifies me.

Spouse's name: _____ Spouse's employer: _____

I would like my name to appear in the Leadership Directory as: _____

2 MY INVESTMENT

EASY PAYROLL DEDUCTION (Please fill out your payroll deduction amount, your number of pay periods and total gift.)

Amount per pay period: (check one) \$3 \$5 \$10 \$20 \$25 Other \$ _____

My gift of \$ _____ per pay period multiplied by _____ # of pay periods = total annual gift of: \$ _____

CASH OR CHECK (payable to *United Way of Southwest Michigan*)

I am enclosing cash or check # _____ = total annual gift of \$ _____

CREDIT CARD

Please charge my credit card: (min. \$50) one-time monthly quarterly = total annual gift of: \$ _____

Card type: VISA MasterCard Discover AMEX

Card number: _____ Expires: _____ Security code: _____

BILL ME (must provide home address in space above for billing)

Please bill me: monthly quarterly once on _____ = total annual gift of \$ _____

3 DOLLY PARTON'S IMAGINATION LIBRARY (optional - in addition to my gift above)

United Way currently has over 7,000 children enrolled in DPIL in Berrien, Cass, & Van Buren counties, giving any child under the age of 5 the opportunity to receive free books. This program gets books into the hands of our local children sooner so that they can get on the path to academic success at a young age. \$25 provides books for a child for one year.

I would like to sponsor _____ (enter # of children) for enrollment in DPIL for sponsorship total of: \$ _____

Include as part of my payroll deduction **or** I am enclosing cash or check # _____

4 THANK YOU!

Enter pledge contribution + DPIL gift: \$ _____

Signature: _____

Date: _____

The best and most powerful way to invest your contribution is through the United Way Community Impact Fund (undesignated gift). If you would like to direct your United Way gift of \$100 or more to an Impact Area, Neighboring United Way, or specific United Way funded partner, please request a designation form from your Employee Campaign Chair. Otherwise, all gifts will be directed to United Way's Community Impact Fund.

Our privacy pledge: Information you share is used only to properly credit your contribution. We never sell, rent, or exchange your personal information.

PLEASE KEEP A COPY OF THIS FORM FOR YOUR TAX RECORDS. FOR PAYROLL DEDUCTIONS, YOU WILL ALSO NEED A COPY OF YOUR PAYSTUB OR TOTAL AMOUNT WITHHELD.

No item of material value has been exchanged for this pledge. SMLSCC #3083

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