2021-22 UNITED WAY WORKPLACE PLEDGE FORM



1 MY INFORMATION

Serving Caledonia, Essex, Orleans, Orange & Washingon Counties of Vermont

FIRST NAME	MI	LAST NAME		EMPLO	DYER		
HOME ADDRESS			APT#	CITY		STATE	ZIP
PHONE: (Choose on We	ne) HOME WOR	RK CELL EMAIL: tions about your gift or to thank you	(Choose one)	PERSONAL WOR	K □ Do n	ot add me to your email li	ist
Loyal Contrib	butor - I've donated fo	or 10 years or more 🔲 I w	vish to remain	anonymous I'm in	iterested in volu	nteer opportunties!	
WHAT CAN A DOLLAR DO?							
	\$1 per pay period (\$26/year) Provides one child experiencing homelessness with a backpack full of caring items \$5 per pay period (\$130/year) Provides meals working family to help address food insecurity						оа
\$2 per pay period (\$52/year) Provides access to a new training opportunities to improve Vermonter's financial security \$10 per pay period (\$260/year) Provides supportunities working Vermonters to find affordable housing.						ort to five	
For an overv	iew of what you	ır pledge can do, se	e the UNI	TED WAY IMPACT	SNAPSH01	on the back of	this form.
2)M	Y GIFT						
☐ I choose ea	sy payroll deduc	tion - I want to contribut	e the followin	g amount for each pay p	period:		
☐ Cas ☐ Pers	direct gift of \$ h sonal check #	State of the state	re checks paya	able to Green Mountain U			
3) IN	VEST IN	YOUR CO	MMU	NITY			
☐ I prefer to ☐ He ☐ Ed ☐ Fir	support a specifealth: I want to ensucation: I want to nancial Stability:	t my gift where the notic United Way Impacture all people are able to ensure all children are roll want to ensure all people I want to provide resource.	t Area: o access nu ready for sch ple are able	tritional food, are well nool. to be financially stable	-housed, and p	hysically & mentally	/ healthy.
With this option 1 and to ensure tha	15% of your pledged g at gifts are paid to des	or a portion of my gi ift will be retained to defray ignated agencies even if pl New Hampshire. Gifts ple	/ costs incurre ledges are not	d by Green Mountain Un collected in full from dor	ited Way to colled nors. This % will b	ct, process, and distrib be waived for gifts to o	ute donations
Complete Agenc	y Name:		Fu	ll Address:			
X							
Signature (require	ed)				Date		