

# 2022-23 UNITED WAY WORKPLACE PLEDGE FORM



Green Mountain  
United Way

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

## 1 MY INFORMATION

FIRST NAME MI LAST NAME EMPLOYER

HOME ADDRESS APT # CITY STATE ZIP

PHONE: (Choose one)  HOME  WORK  CELL EMAIL: (Choose one)  PERSONAL  WORK  Do not add me to your email list  
We will only call if we have questions about your gift or to thank you.

**Loyal Contributor** - I've donated for 10 years or more  I wish to remain anonymous  I'm interested in volunteer opportunities!

### 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 to a working family to help address food insecurity

**\$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 support to five working Vermonters to find affordable housing.

For an overview of what your pledge can do, see the **UNITED WAY IMPACT SNAPSHOT** on the back of this form.

## 2 MY GIFT

I choose easy payroll deduction - I want to contribute the following amount for each pay period:

\$2  \$5  \$10  \$20  Other: \_\_\_\_\_ # of pay periods \_\_\_\_\_

I choose a direct gift of \$ \_\_\_\_\_

Cash

Personal check # \_\_\_\_\_ Please make checks payable to Green Mountain United Way, checks cashed upon receipt

Credit Card: VISA MC DISCOVER CARD # \_\_\_\_\_ EXP: \_\_\_\_\_

My Total Pledge

\$ \_\_\_\_\_

## 3 INVEST IN YOUR COMMUNITY

I trust United Way to invest my gift where the needs or opportunities to improve are greatest.

I prefer to support a specific United Way Impact Area:

**Health:** I want to ensure all people are able to access nutritional food, are well-housed, and physically & mentally healthy.

**Education:** I want to ensure all children are ready for school.

**Financial Stability:** I want to ensure all people are able to be financially stable and able to afford basic needs.

**Community Caring:** I want to provide resources to help support all of our communities' basic needs.

I want to designate my gift or a portion of my gift to another agency. Total designated amount: \$ \_\_\_\_\_

With this option 15% of your pledged gift will be retained to defray costs incurred by Green Mountain United Way to collect, process, and distribute donations and to ensure that gifts are paid to designated agencies even if pledges are not collected in full from donors. This % will be waived for gifts to other Vermont United Ways and Granite United Way in New Hampshire. Gifts pledged and collected in 2021-22 will be distributed during 2022.

Complete Agency Name: \_\_\_\_\_ Full Address: \_\_\_\_\_

X \_\_\_\_\_  
Signature (required) Date

Giving is a personal decision and is voluntary. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. For payroll deductions you will need a copy of your pay stub, W-2 or other employer documentation showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.