



2024 United Way of Dane County

Pledge Form

United Way
of Dane County



The Power of Caring. Working for All.

2059 Atwood Avenue, Madison, WI 53704

1. Your Information: *This information will not be shared. Please print.*

Mr. Mrs. Ms. Dr. _____
First Middle Last

Home Address: _____

City: _____ State: _____ ZIP: _____

Preferred Phone: _____ Personal Email: _____

Employer: _____

2. Your Gift: *What's right for you? Options to consider: \$1 a day • \$100 a month • 1% of your income.*

Payment Options:

Payroll Giving \$ _____ x _____
Amount per pay period # of pay periods per year

Pay Now with cash or check payable to United Way of Dane County.

Bill Me One time Quarterly Begin billing _____ / _____

To give by credit card, please visit www.unitedwaydanecounty.org/donate to complete your pledge online.

Visit unitedwaydanecounty.org/other-ways-to-give to learn how to transmit stock gifts, donor advised funds, or IRA distributions.

I commit to the Lead United Step-Up Program. I will grow my gift to \$1,000 in three years (with a minimum donation of \$500 this year).

Would you like your gift to be recognized as a household?

Provide your household member's name.

Total Donation Amount: \$ _____

 _____
Your signature (required)

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records, and if you selected payroll deduction, you will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization.

Thank you for supporting our community!

Your gift will be used to support our mission for 2025.

3. Optional Directed Giving: *Your gift will go toward funding holistic solutions to our community's greatest issues. However, if you want to direct part or all of your gift to a specific cause, you may choose from the following options:*



Youth Opportunity

\$ _____



Financial Security

\$ _____



Healthy Community

\$ _____



Community Resiliency

\$ _____

Give to Your Nonprofit of Choice:

Amount: \$ _____ Nonprofit: _____

Nonprofit Address: _____ City/State/Zip: _____

I authorize release of my name and address to these nonprofits for acknowledgement of my gift.

Exclude this nonprofit from receiving any of my gift: _____

Directed gifts are subject to a processing fee.