

DESIGNATION PLEDGE FORM

Please complete all information on both sides of this form so we may properly record your gift. All information is required. This information will be used to communicate with you about your investment and provide tax information.



HELP US GO GREEN!

Please provide your preferred email address.



WORKING TOGETHER FOR A STRONGER TOMORROW

NAME	PREFIX	FIRST	MI	LAST
SPOUSE/PARTNER'S NAME	PREFIX	FIRST	MI	LAST
HOME ADDRESS	CITY		STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)	SPOUSE/PARTNER'S DOB (MM/DD/YYYY)			
PREFERRED PHONE	() - EXT	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> MOBILE <input type="checkbox"/> It is okay to contact me via text message
PREFERRED EMAIL ADDRESS	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	SPOUSE/PARTNER'S EMAIL	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	
COMPANY	TITLE	<input type="checkbox"/> RETIRED		
SPOUSE/PARTNER'S EMPLOYER	SPOUSE/PARTNER'S ANNUAL CONTRIBUTION AMOUNT		\$	

Please combine my gift with my spouse/partner's gift.

Please note: If both partners contribute for a combined gift, both should fill out a pledge form.

PAYMENT OPTIONS

PAYROLL DEDUCTION (Workplace campaigns only) \$_____ per pay period _____ pay periods = total gift.

CASH OR CHECK Please make checks payable to: **United Way of the Midlands**

CREDIT CARD Make a secure credit card donation at: UnitedWayMidlands.org/Donate

STOCKS/SECURITIES For information on giving stocks or securities, visit: UnitedWayMidlands.org/Stocks

Name of Organization making transfer _____ Approximate date of transfer: (MM/YYYY) _____

BILL ME (\$25 minimum) \$_____ Start Date (MM/YYYY) _____ Monthly Quarterly* One Time
*Billed the first month of each quarter of the calendar year.

I WOULD LIKE TO BE CONTACTED ABOUT LEGACY GIVING AND ENDOWMENT GIVING OPPORTUNITIES

I CHOOSE NOT TO DONATE AT THIS TIME

CHARITABLE FUND DISTRIBUTION Anticipated Receipt Date (MM/YYYY) _____

MY TOTAL ANNUAL GIFT IS: \$_____

United Way of the Midlands recognizes individuals who generously give at the Bridgebuilder (\$1,000 or above) and Tocqueville Society (\$10,000 or above) levels by listing their names online. Please list my/our name(s) as follows:

_____ I/We would like to remain anonymous.

DESIGNATION (\$50 MINIMUM PLEDGE)

ORGANIZATION	AMOUNT		
ADDRESS	CITY	STATE	ZIP

Check here if you do not want your information shared with the designated organization.

SIGNATURE (REQUIRED) _____ **DATE** _____

If you choose to direct your gift or join a donor group, please complete the back side of this form.

If your total annual gift meets the minimum donation requirement, you may choose to join one or more than one of the groups listed below. Selecting a group does not constitute an allocation of your gifted funds.

LEADERS IN GIVING



TOCQUEVILLE SOCIETY
\$10,000 minimum donation
 Join this influential group who champions this important work to strengthen and make a lasting impact in our community.



BRIDGEBUILDER SOCIETY
\$1,000 minimum donation
 Be a trailblazer where your interest and generosity can lead to impactful change for our neighbors.

DONOR GROUPS



WOMEN UNITED
\$1,500 minimum donation
 Join a dynamic group of women who are passionate and believe in working together to create positive and long-term change.

Mental Health First Aid

Women United is committed to raising awareness of/ increasing access to this training to ensure people receive the mental health care they need when they need it.



EMERGING LEADERS
\$250 minimum donation
 Join a thoughtful and enthusiastic group of young professionals who work together supporting the JAG Nebraska program.

JAG Nebraska

By supporting JAG Nebraska, Emerging Leaders aim to help young people overcome obstacles so they can succeed in the classroom and workplace.

PLEASE DIRECT MY GIFT AS FOLLOWS

Choose where you would like your gifted funds to be allocated by designating an amount of your total annual gift to any or all of the areas listed below – Community Impact Fund, Community Investments or Special Programs. If no areas are designated, all gifted funds will be allocated to the Community Impact Fund.

COMMUNITY IMPACT FUND

I CHOOSE TO INVEST IN THE COMMUNITY IMPACT FUND TO PROVIDE A CIRCLE OF SUPPORT

Your dollars fund more than 100 local nonprofit programs that are addressing pressing social and economic disparities and meeting families' essential needs such as healthy food, safe and stable housing, physical and mental health services, career preparation, job training and more.

\$ _____

COMMUNITY INVESTMENTS

HEALTHY COMMUNITY
Improving health and well-being for all
 • Food Access
 • Shelter and Homeless Prevention
 • Physical and Behavioral Health
 - Health Promotion
 - Maternal and Child Health
 - Mental Health First Aid
 • Case Management and Legal Services

\$ _____

YOUTH OPPORTUNITY
Helping young people realize their full potential
 • JAG Nebraska
 • Childcare and Early Childhood Development
 • Attendance and Credit Recovery
 • After School and Summer Learning
 • Mentoring
 • College and Career Readiness
 • Family Engagement

\$ _____

FINANCIAL SECURITY
Building financial stability and strength
 • Education and Training
 • Employment and Entrepreneurship
 • Financial Literacy and Asset Development
 • Labor United
 • Transportation

\$ _____

COMMUNITY RESILIENCY
Addressing urgent needs today and advancing a better tomorrow
 • 211 Helpline (NE + IA)
 - Unite Us, Help Me Grow, Save Our Seniors, Military and Family Helpline
 • Court Referral Community Service Program
 • Emergency Food and Shelter Program

\$ _____

SPECIAL PROGRAMS

211 HELPLINE The **211 Helpline** serves people in need across Nebraska and Iowa 24/7. People can reach a community resource specialist to be connected to health and human service resources that can assist with housing, utilities support, food assistance and more.

\$ _____

JAG NEBRASKA **JAG Nebraska** empowers Nebraska's young people with the skills and support to succeed in education, employment and life.

\$ _____

MENTAL HEALTH FIRST AID **Mental Health First Aid (MFHA)** is a training program to increase our community's understanding of mental health challenges and reduce barriers to seeking help.

\$ _____

THANK YOU!

Privacy Statement: United Way of the Midlands may collect email addresses and other personally identifiable data about donors, volunteers and visitors, when such information is voluntarily submitted. All such information is collected and stored in a manner appropriate to the nature of the data. United Way of the Midlands does not sell or otherwise disclose this information outside the organization, unless it is explicitly requested in writing.

If you have any questions when filling out this form, please contact DonorEngagement@UWMidlands.org.

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