

2023-2024 CROSSROADS UNITED WAY PLEDGE CARD

1. TELL US ABOUT YOURSELF

First _____ M.I. _____ Last _____ Gender _____
Company (& Employee ID) _____ Birthdate _____
Home Address _____ Apt _____ City _____ State _____ ZIP _____
Personal Email _____ Cell _____

*United Way will not sell or share your Information with third parties. Visit www.crossroadsuw.org/privacy-policy

2. MAKE AN IMPACT

DONATE \$5/WK OR MORE TO ENTER THE RAFFLE!

Check here to OPT OUT of the raffle

*Fill Out Below

OPTION ONE: PAYROLL DEDUCT

WEEKLY

\$2 \$15 Other:
 \$5 \$20 \$ _____
 \$10 \$50

BI-WEEKLY

\$4 \$30 Other:
 \$10 \$40 \$ _____
 \$20 \$100

OPTION TWO: OTHER GIFT

Total \$ _____

Cash/Check (Enclosed)
 One Time Payroll Deduction
 Ongoing Payroll Deduction
 Recurring Monthly Payments
____ / ____ / ____
 Card # _____
Exp Date: ____ / ____

I want my gift to benefit:

Area of Greatest Need
 Elkhart County
 LaGrange County
 Noble County

3. SIGNATURE (REQUIRED)

Signature _____ Date _____

OPTIONAL

We recognize gifts of \$1,000 or more in our annual report. Please complete the information below if you would like to combine your gift with your spouse or partner.

I wish to remain anonymous

Spouse/Partner _____ Workplace _____

I would like to designate _____ % of my gift to the following issue area or non-profit 501(c)3:

Health Education Economic Mobility & Basic Needs Kids United

- OR -

Non-Profit Name _____ City _____ State _____

POT O' GOLD RAFFLE

* License Number: 012369

Name _____

Email _____

Company _____

Phone Number _____

*PLEASE TEAR OFF THIS SECTION AND KEEP FOR YOUR ANNUAL TAX RECORD.

No goods or services were given in exchange for this contribution.

DONOR RECEIPT

Name _____

Date _____

Total Pledge \$ _____



Note: Agencies receiving gift designations are subject to the United Way designation policy. For more information visit: www.crossroadsuw.org/designation-policy.

THANK YOU
FOR LIVING UNITED →

Stay in touch: 574.295.1650
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crossroadsuw.org