## 2025 WORKPLACE PLEDGE FORM

## United Way of South Central Michigan



Calhoun | Clinton | Eaton | Ingham | Jackson | Kalamazoo

<b>1. MY</b>	GIFT	
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2 MV INCODMATION -. -.

Total annual gift \$\_\_\_\_\_

☐ Please renew this gift and designation choices
each year until I decide to stop. Complete a new
pledge form or contact HR to make a change.

PARTINER'S NAME (IF APPLICABLE)  PREFERRED PHONE   MOBILE   OTHER    MORA ADDRESS   OTTY, STATE, ZIP	Z. III INFUNITATION PLEASE PRINT. PERSONAL INFORMATION IS NEVER SHARED.		
PARTINER'S NAME (IF APPLICABLE)    HOME ADDRESS			
HOME ADDRESS	TITLE/PREFIX FIRST NAME MI LAST NAME	PRONOUNS	
PREFERRED PHONE:   MOBILE	PARTNER'S NAME (IF APPLICABLE)	EMPLOYEE ID #	
PERSONAL EMAIL ADDRESS    I'm a member of a union. Union and local number	HOME ADDRESS	CITY, STATE, ZIP	
Personal Email Address	PREFERRED PHONE:	MOBILE DTHER	
Prim a member of a union. Union and local number   Please keep in touch.   Please keep my gift anonymous	EMPLOYER (IF APPLICABLE)		
Please keep my gift anonymous	PERSONAL EMAIL ADDRESS	WORK EMAIL ADDRESS	
Please be sure to sign to authorize your contribution   Signature	☐ I'm a member of a union. Union and local number	-	
3. MY IMPACT  Where would you like your gift to go?  Choose by Community:  Wherever it is needed most  Battle Creek  Capital Area (Clinton, Eaton, Ingham counties)  Jackson County  Kalamazoo County  Choose by United Way program or focus area:  Safety Net  Financial Stability  Capital Area College Access Network  Continuum of Care  Divide my gift equally among pay periods.  Bi-weekly Semi-monthly  Deduct my total annual gift from my first paycheck of the year  CREDIT CARD  To keep your information secure, please use any of the following options:  Donate online at unitedforsemi.org or scan the QR code. Be sure to fill in the company field.  Call 888-681-GIVE  CHECK (clip to form)  Check date Check number  CASH (clip to form)  Check date Sheck number  BILL ME (\$50 minimum, phone number, email and address		☐ Please keep my gift anonymous	
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Where would you like your gift to go?  Choose by Community:	Signature	Date	
Where would you like your gift to go?  Choose by Community:			
Choose by Community:    Wherever it is needed most     Battle Creek     Capital Area (Clinton, Eaton, Ingham counties)     Jackson County     Kalamazoo County     CREDIT CARD     To keep your information secure, please use any of the following options:   Donate online at unitedforscmi.org or scan the QR code. Be sure to fill in the company field.     Capital Area College Access Network     Continuum of Care     Disaster Relief Funds     JobSTAR     Volunteer Income Tax Assistance     Volunteer Centers     Divide my gift equally among pay periods.   Bi-weekly   Semi-monthly     Deduct my total annual gift from my first paycheck of the year     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck of the year     CREDIT CARD     Deduct my total annual gift from my first paycheck     Call 888-681	3. MY IMPACT	4. MY GIVING METHOD	
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Wherever it is needed most  Battle Creek  Capital Area (Clinton, Eaton, Ingham counties)  Jackson County  Kalamazoo County  Choose by United Way program or focus area:  Safety Net  Financial Stability  Capital Area College Access Network  Continuum of Care  Disaster Relief Funds  JobSTAR  Volunteer Income Tax Assistance  Bi-weekly Semi-monthly  Deduct my total annual gift from my first paycheck of the year  CREDIT CARD  To keep your information secure, please use any of the following options:  Donate online at unitedforscmi.org or scan the QR code. Be sure to fill in the company field.  Call 888-681-GIVE  CHECK (clip to form)  Check date Check number  CASH (clip to form)  BILL ME (\$50 minimum, phone number, email and address)			
□ Capital Area (Clinton, Eaton, Ingham counties) □ Jackson County □ Kalamazoo County □ CREDIT CARD □ To keep your information secure, please use any of the following options: □ Donate online at unitedforscmi.org or scan the QR code. Be sure to fill in the company field. □ Financial Stability □ Capital Area College Access Network □ Continuum of Care □ Disaster Relief Funds □ JobSTAR □ Volunteer Income Tax Assistance □ Volunteer Centers □ Deduct my total annual gift from my first paycheck of the year □ CREDIT CARD □ To keep your information secure, please use any of the following options: □ Donate online at unitedforscmi.org or scan the QR code. Be sure to fill in the company field. □ Call 888-681-GIVE □ CHECK (clip to form) □ Check date □ Check number □ Check number □ Check date □ Check number □ Check date □ Check number □ Che			
Jackson County  Kalamazoo County  CREDIT CARD  To keep your information secure, please use any of the following options:  Donate online at unitedforscmi.org or scan the QR code. Be sure to fill in the company field.  Financial Stability  Capital Area College Access Network  Continuum of Care  Disaster Relief Funds  JobSTAR  Volunteer Income Tax Assistance  Volunteer Centers  Of the year  CREDIT CARD  To keep your information secure, please use any of the following options:  • Donate online at unitedforscmi.org or scan the QR code. Be sure to fill in the company field.  • Call 888-681-GIVE  CHECK (clip to form)  Check date Check number  CASH (clip to form)	☐ Battle Creek	☐ BI-weekly ☐ Semi-monthly	
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☐ Volunteer Income Tax Assistance ☐ Volunteer Centers ☐ BILL ME (\$50 minimum, phone number, email and address	☐ Disaster Relief Funds	Check date Check number	
Volunteer Centers  BILL ME (\$50 minimum, phone number, email and address	JobSTAR	CASH (clip to form)	
	☐ Volunteer Income Tax Assistance		
required). You'll receive an email reminder of your pledge.	☐ Volunteer Centers		
Note: If you make more than one selection, your gift will be divided evenly between them.  STOCK Call 269-343-2524			
OPTIONAL DESIGNATION I would like \$ of my annual donation (noted above) delivered to the following 501(c)(3) of my choosing. I understand that a pledge processing fee of 13% will apply to any gift designated to a specific agency. This fee covers solicitation, verifying 501(c)(3) tax-exempt status and Patriot Act compliance, processing and payment.  CHARITY NAME CHARITY ADDRESS			



## 2025 PLEDGE FORM



UWSCMI is committed to advancing equity in all that we do. As a partner in our shared impact, we invite you to share more about yourself below. This **optional and confidential** information helps us build deeper relationships and accountability in our work. Visit **unitedforscmi.org** to learn more.

AGE RANGE	RACE/ETHNICITY (SELECT ALL THAT APPLY)
under 18	American Indian/Alaskan Native
☐ 18-39	☐ Asian
40-65	Black/African American
☐ 66 <b>+</b>	Hispanic/Latino
Prefer not to answer	Middle Eastern/North African
	Multiracial
DO YOU IDENTIFY AS A PERSON WITH A DISABILITY?  Yes	<ul><li>Native Hawaiian or other Pacific Islander</li><li>White</li></ul>
□ No	Prefer not to answer
☐ Prefer not to answer	GENDER IDENTITY (SELECT ALL THAT APPLY)
HAVE YOU EVER SERVED OR ARE CURRENTLY ON ACTIVE DUTY IN THE U.S. ARMED FORCES, RESERVES, OR NATIONAL GUARD?  Yes No Prefer not to answer	<ul> <li>Man</li> <li>Woman</li> <li>Nonbinary</li> <li>Cisgender (your identity aligns with your sex assigned at birth)</li> <li>Transgender (your identity does not align with your sex assigned at birth)</li> <li>Another identity not listed here</li> <li>Prefer not to answer</li> </ul>
	DO YOU AS IDENTIFY AS LGBQA+ (LESBIAN, GAY, BISEXUAL, QUEER, ASEXUAL+)?  Yes  No Prefer not to answer