

2025 WORKPLACE PLEDGE FORM

United Way of
South Central Michigan

Calhoun | Clinton | Eaton | Ingham | Jackson | Kalamazoo



1. MY GIFT

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.

2. MY INFORMATION

PLEASE PRINT. PERSONAL INFORMATION IS NEVER SHARED.

TITLE/PREFIX _____ FIRST NAME _____ MI _____ LAST NAME _____ PRONOUNS _____

PARTNER'S NAME (IF APPLICABLE) _____ EMPLOYEE ID # _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

EMPLOYER (IF APPLICABLE) _____ PREFERRED PHONE: ☐ MOBILE _____ ☐ OTHER _____

PERSONAL EMAIL ADDRESS _____ WORK EMAIL ADDRESS _____

☐ I'm a member of a union. Union and local number _____

☐ I'm retiring soon. Please keep in touch.

☐ Please keep my gift anonymous

Please be sure to sign to authorize your contribution

Signature _____ Date _____

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

OR

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
- ☐ Volunteer Centers

Note: If you make more than one selection, your gift will be divided evenly between them.

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 _____

Your gift is tax deductible as allowed by law. No goods or services have been given in return for this gift.

4. MY GIVING METHOD

☐ **PAYROLL DEDUCTION** (check one)

☐ 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 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 required). You'll receive an email reminder of your pledge.

☐ **STOCK** Call 269-343-2524



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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

- ☐ under 18
- ☐ 18-39
- ☐ 40-65
- ☐ 66+
- ☐ Prefer not to answer

DO YOU IDENTIFY AS A PERSON WITH A DISABILITY?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

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

RACE/ETHNICITY (SELECT ALL THAT APPLY)

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Middle Eastern/North African
- ☐ Multiracial
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

GENDER IDENTITY (SELECT ALL THAT APPLY)

- ☐ Man
- ☐ Woman
- ☐ Nonbinary
- ☐ Cisgender (your identity aligns with your sex assigned at birth)
- ☐ Transgender (your identity does not align with your sex assigned at birth)
- ☐ Another identity not listed here
- ☐ Prefer not to answer

DO YOU AS IDENTIFY AS LGBTQ+ (LESBIAN, GAY, BISEXUAL, QUEER, ASEXUAL+)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer