



1. MY INFORMATION

Mr. Mrs. Ms. Dr.

First Name _____ MI _____ Last Name _____

Home Address _____ Phone _____

City/State/Zip _____

Employer Name _____

Email _____ Keep me updated & show how contribution is getting results

Signature (Authorizes pledge) _____ Date _____

I prefer to keep my donation private. I'd like to know how to include United Way in my will so I can leave a legacy to my community.

United Way respects your privacy and does not sell, trade or disclose personal information.

2. MY DONATION

My contribution will be paid as follows:

Easy Payroll Deduction
\$ _____ x _____ = \$ _____
Amount per pay period Pay periods in full year Total payroll deduction

Direct Gift \$ _____

Payment enclosed
Please make checks payable to United Way of Marshall County

Credit Card
Visit MarshallCountyUW.org or call 574.936.3366

Automatic Bank Withdrawal
Please attach a voided check-an agreement will be mailed to you

Please bill me via Email or Address
 Monthly Quarterly Annually

I WILL LEAD THE WAY

Leadership Giver

Inspiring others to join the Fight
(Recognition at \$1000)

- \$5,000
- \$2,000
- \$1,500
- \$1,000
- Other _____

Cornerstone Partner

Supporting operations
(Public recognition begins at \$1000)

- Keystone \$7,500
- Pillar \$5,000
- Foundation \$2,500
- Builder \$1,000
- Other _____

National Tocqueville Society

\$10,000 or more

\$ _____

MarshallCountyUW.org/donate

3. MY INVESTMENT (Choose One)

UNITED WAY GREATEST NEEDS FUND

I want my donation to have the most power by supporting basic needs, family opportunities, and social innovations to strengthen local resiliency to advance health, youth opportunity, and financial security right here in Marshall County.

Designated Contribution to (agency or program name): _____

NOTE: To restrict your gift to a specific nonprofit organization, provide the organization name and address. Must be a registered 501(c)(3). A minimum \$50 is required. In the event a designation is received for a non-eligible agency, the donation may be distributed through the United Way Greatest Needs Fund.

2025-2026 PLEDGE FORM. Please keep a copy for your tax records. You will also need a copy of your paystub, W-2, or other documentation showing amount withheld and paid to a charitable organization. United Way of Marshall County is a 501(c)(3) non-profit organization and your donation is tax-deductible as allowed by current tax law. No goods or services were provided in exchange for this contribution. Consult your tax advisor for more information.