United Way
of Merrimack County

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other _____

Name (Please Print) _____

Mailing Address _____

City _____State _____ Zip Code _____

Home Tel. _____Work Tel. _____

Company Name _____Email _____

1 YOUR PLEDGE OR GIFT

☐ **MY PAYROLL DEDUCTION PLEDGE**

I want to contribute this amount each pay period:

☐ $5 ☐ $10 ☐ $25 ☐ $50 ☐ Other: _____

Pay periods per year:

☐ Weekly (52) ☐ Bi-weekly (26) ☐ Monthly (12) ☐ Educators # Weeks _____

☐ **MY DIRECT GIFT** ☐ Cash/Check enclosed $_____

☐ Securities (please contact United Way of Merrimack County)

☐ Bill me $ _____ ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

☐ Credit Card ☐ Visa ☐ MasterCard

Card Number **Expiration Date (MM/YY)**

My Total Annual Gift $_____

2 COMMUNITY LEADERSHIP

Leadership Donor ~ Rumford Society Donors make gifts of at least $500 annually and set a powerful, caring example for colleagues, friends, family and neighbors.

☐ I/We would like to be listed in the Rumford Register as:

_____

Leadership Levels
Merrimack Division ($500-$999)
Pennycook Division ($1,000-$2,999)
Benjamin Thompson Division ($3,000-$4,999)
Timothy Walker Division ($5,000-$7,499)
Countess of Rumford ($7,500 and above)

3 THANK YOU

THANK YOU!

_____
Signature **Date**

For more information about how your gift will strengthen the community, please contact us at:

United Way of Merrimack County
46 South Main Street
Concord, NH 03301
603.224.2595

PLEASE MAKE A COPY FOR YOUR RECORDS AND RETURN ORIGINAL TO UNITED WAY

The Merrimack Legacy Society

The United Way of Merrimack County Legacy Fund is an endowed fund, separate from our annual campaign, which provides additional support for today and tomorrow. There are many ways to donate to this special fund including gifts of appreciated stock or by including United Way in your will or estate plan.

☐ **Please contact me about The Merrimack Legacy Society**

UNITED WAY OF MERRIMACK COUNTY TARGETED CARE AREAS

Check one of the boxes below if you would like to focus your investment on collaborative efforts that support a specific critical community issue:

☐ Physical and Mental Health and Wellness

☐ Education and Lifelong Learning

☐ Economic Self-Sufficiency

DESIGNATED GIFT

PLEASE ASK FOR A DESIGNATION CODE SHEET IF NEEDED. IF YOU DO NOT HAVE A DESIGNATION CODE FOR THE AGENCY OR UW, PLEASE SUPPLY THE NAME AND ADDRESS.

Agency/United Way Code

YOUR LOCAL AGENCY OR UNITED WAY

Name: _____

Address: _____

_____

Amount

					.		
					•		

☐ **Please do not share my name and address with the above agencies. I'd like to remain anonymous.**

DONOR GUARANTEE United Way of Merrimack County operates under the highest standards. We do not provide goods or services to contributors as a whole or partial consideration of any gift.

PRIVACY POLICY We do not rent, trade or sell information about our donors. If you provide your electronic mail address to us, we will use it to personalize the information you receive from us.

IMPORTANT TAX INFORMATION Gifts to United Way are tax deductible within the limits of current federal and state law. Tax laws require a receipt for individual payments of $250 or more to a charity. If you have any single payment above $250 for the tax year, we will send you a receipt (please provide your full home address.) Please keep a copy of this pledge form, along with your paycheck records or cancelled check to serve as a record of your donation in accordance with IRS regulations.