



UNITED WAY OF GREATER LORAIN COUNTY PLEDGE FORM

NAME: _____ PHONE: (Work Personal) _____

EMAIL: _____

PREFERRED METHOD OF COMMUNICATION: Email Phone

YOUR ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYER NAME: _____

I have given to United Way for 10+ years (you'll receive unique opportunities for loyal donors)

I am interested in volunteer and/or advocacy opportunities

ENTER PLEDGE AMOUNT & TYPE:

Payroll Deduction

- I authorize my employer to deduct \$ _____ per pay I am paid:
 - Bi-weekly or semi-monthly
 - Weekly
 Total Pledge \$ _____

-or-

- I authorize my employer to deduct \$ _____ one-time

Credit Card

I pledge to give \$ _____
at uwloraincounty.org/workplacegiving
or by calling our office at 440.277.6530

Cash/Check

I am enclosing my gift of \$ _____
Checks can be made out to:
United Way of Greater Lorain County



**BE A GAME CHANGER
WITH UNITED WAY.**

CHOOSE YOUR IMPACT:

- Direct** my gift to the area of greatest need.
- Designate** my gift to a community collaborative*, impact initiative, or another nonprofit agency (see back for options).

**What is a community collaborative? Through this unique approach, we lead community-wide innovation that addresses issues that most people say can't be solved. As part of a community collaborative, agencies work together to provide high-quality programs and services - while reducing duplication and increasing efficiency.*

- I wish to remain anonymous
- I'd like to opt out of receiving updates on the impact of my gift

Your signature authorizes your pledge as indicated above.

SIGNATURE: _____ DATE: _____

Tear off and keep this for your records.

My Contribution to the United Way Campaign:

- I pledged \$ _____ through:
- Payroll Deduction* (one-time OR each pay for 12 months)
 - Cash / Check
 - Bank Withdrawal
 - Credit Card

*unless otherwise specified by your workplace, payroll deduction will begin in January

(IRS Declaration: No goods or services were provided in return for this contribution. Receipts for non-payroll contributions in the amount of \$100 or more will be mailed in January of the year following the payment.)



USE MY GIFT TO:

[OPTIONAL]

Indicate portion of total pledge for each choice.

Total Pledge (from front): \$_____

FINANCIAL STABILITY



Return hardworking families to financial stability after a short-term crisis by coordinating case management throughout Greater Lorain County.

\$_____



Empower volunteers to help low and moderate income families receive their full tax refund – free of charge.

\$_____



Increase access to free, high quality physical activity options for a variety of ages and skill levels, in locations across Lorain County.

\$_____

HEALTH



Increase accessibility to physical activity & nutrition resources to reduce metabolic syndrome in North Ridgeville.

\$_____



Increase accessibility to physical activity & nutrition resources to reduce metabolic syndrome in Southern Lorain County.

\$_____



Increase accessibility to physical activity & nutrition resources to reduce metabolic syndrome in the Keystone area.

\$_____

EDUCATION



Motivate intermediate & middle schoolers in Lorain's 231 Census tract to be engaged in learning & avoid risky behaviors.

\$_____



Promote safer schools & social environments to improve educational & social outcomes for middle schoolers in Clearview, Firelands, & Midview School Districts.

\$_____



Ensure all families in Oberlin have access to the tools they need to get their kids ready for kindergarten.

\$_____



Ensure all families in Elyria have access to the tools they need to get their kids ready for kindergarten.

\$_____



Ensure all families in Lorain have access to the tools they need to get their kids ready for kindergarten.

\$_____



Motivate intermediate & middle schoolers in South Elyria to be engaged in learning & avoid risky behaviors.

\$_____

OTHER INITIATIVES



Help families get back on their feet by increasing accessibility to reliable transportation.

\$_____



Connect our community to needed resources 24/7 via phone and online.

\$_____



Engage our community in filling gaps of necessary items for families, such as books, school supplies, work clothes, and menstrual products.

\$_____

\$_____ Direct remainder of my gift to United Way's area of greatest need

\$_____ Other Agency (Include agency name and address): _____
 Please see our designation policy for more information at uwloraincounty.org/designation-policy or by calling 440-277-6530

Do not share my information with designated agency or community collaborative

Tear off and keep this for your records.



Discover volunteer opportunities.
 Join us at events to meet other game changers.
LEARN ABOUT YOUR IMPACT.

United Way of Greater Lorain County
 642 Broadway Ave, Lorain, OH 44052 | 440.277.6530



CONNECT WITH US!



uwloraincounty.org

