

Name(s) _____

Address _____

City, State, Zip _____

Phone _____

E mail _____

___ Maximize my gift, do not send me a thank you letter.

___ I have been a United Way contributor since: _____

Please contact me. I am interested in:

___ Electronic Funds Transfer

___ Please send me information about how to include my charitable giving in my estate plans.

Enroll me/us in the following Leadership Giving Program:

___ Gifts of \$1,000 or more by an individual or couple qualify for membership in the Summit Society

___ Gifts of \$10,000 or more by an individual or couple qualify for membership in the Tocqueville Society

Check Enclosed \$ _____ Bill Me \$ _____

Please make checks payable to United Way of Deschutes County.

To pay with credit or debit card, visit www.deschutesunitedway.org or call (541) 389-6507.

INVEST MY GIFT (OPTIONAL)

If choosing more than one investment, please specify percent allocated to each.

___ % **I want my gift to have the greatest impact.**

By contributing to the **Impact Fund** my gift will be strategically invested in creating opportunities for success through collaborative community initiatives.

___ % I want my gift to be directed to the following impact area.

Resilience Education Financial Stability Health

___ % Restrict my contribution to this 501(c)(3) organization:

**United
Way**



United Way of
Deschutes County

IMPACT Pledge Form

*We stand for the health, education, and
financial stability of every person in our community.*

UNITED WAY OF DESCHUTES COUNTY

EIN: 93-6012576 • United Way Organization Number: 39040

PO Box 5969 Bend, OR • 97708-5969 • (541)389-6507 • deschutesunitedway.org   