

EMPLOYEE PLEDGE FORM

TELL US ABOUT YOURSELF

Prefix First Name Middle Initial Last Name

Home Address

City State Zip Code

Email Address ☐ Work ☐ Personal

Phone Number ☐ Work ☐ Personal

MY GIFT

EASY PAYROLL DEDUCTION *Begins January 1, 2027

Investment per paycheck

☐ \$100 ☐ \$50 ☐ \$25 ☐ \$10 ☐ \$5 ☐ \$1 ☐ OTHER: \$_____

Your employer's pay periods per year

☐ 12 (Monthly/Fiscal Year) ☐ 9 (Monthly/Academic Year) ☐ 26 (Biweekly)

Total Annual Payroll Deduction (investment x pay periods) = \$

DESIGNATE YOUR GIFT

☐ United Way
Northwest Indiana

☐ United Way of
La Porte County

OPTIONAL DONATION PREFERENCES

☐ Keep my donation anonymous

☐ Invest my money where it is needed most

☐ Invest my money in: _____

☐ Spouse/Partner: _____

(If you wish to connect your giving selection)

SIGNATURE: _____

DATE: _____

**Stronger Families.
Stronger Communities.**

UNITED IS THE WAY!



UNITED WAY
Northwest Indiana