



Greater Gallatin
UNITED WAY

ANNUAL CAMPAIGN PLEDGE FORM

LEAD. **CONVENE.** EDUCATE. **ADVOCATE.**

Step 1 MY INFORMATION

Birth Date (month/day): _____ / _____

☐ Check the box if you DO NOT want to receive our monthly newsletter.

Name _____
First Middle Initial Last

Address ☐ Home ☐ Billing _____
City State Zip

Phone ☐ Home ☐ Cell ☐ Work _____ Email ☐ Home ☐ Work _____

Employer _____

Please check all that apply

☐ Please acknowledge my donation as (if different than name above)

☐ My company will match my donation.

☐ I would like my donation to be anonymous.

☐ I am/will be retired. (Please provide your home phone and email above)

Step 2 MY GIFT TO OUR COMMUNITY

MY TOTAL ANNUAL PLEDGE: \$ _____

☐ **Easy Payroll Deduction***

☐ **Cash/Check** (Please enclose payment)

☐ **Stock** (Call 406-587-2194)

\$ _____ per pay period

Check # _____ Check date _____

x # _____ pay periods

= \$ _____ total

☐ **Credit/Debit Card**

(Pay online at greatergallatinunitedway.org/donate)

*Optional CHOOSE HOW TO INVEST IN YOUR COMMUNITY

☐ **Use Where Needed Most:** Maximize my donation by investing in programs that support our entire community!

☐ **Priority Funds:**

My gift should support programs and partners only in:

☐ Youth Success

☐ Early Learning

☐ Basic Needs

☐ Health & Mental Well-being

☐ kidsLINK Out-of-School Care Initiative

Step 3 SIGNATURE (Required For Processing)

Signature _____ Date _____

Greater Gallatin United Way is a qualified 501(c)3 tax-exempt organization and donations are tax-deductible to the full extent of the law. No goods or services were provided for this gift. Please consult your tax advisor regarding specific questions about your deductions.

SKIP FILLING OUT THE FORM AND SCAN THE QR CODE INSTEAD



DONATE TODAY
EVERY GIFT COUNTS