

Please visit us at: [www.pueblounitedway.org](http://www.pueblounitedway.org)

phone: 719-583-4455 fax: 719-583-4456

**Pueblo County  
United Way**



( ) Mr. ( ) Mrs. ( ) Ms. ( ) Dr. ( ) \_\_\_\_\_

Employee Name \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

### A. Payroll Deduction

*The Easy and Generous Way to Give*

I want to pledge: \$5 \_\_\_\_\_ \$10 \_\_\_\_\_ \$15 \_\_\_\_\_ \$20 \_\_\_\_\_

Other \$ \_\_\_\_\_

Total pay periods in the year \_\_\_\_\_

**TOTAL Annual Contribution** \_\_\_\_\_

\*If your contribution is \$250 or more, please see Sec. D.

☐ My spouse also contributes through his/her place of employment his/her name is:

His/her employer is:

our combined gift is \$ \_\_\_\_\_

**Employee**

**Signature** \_\_\_\_\_

Date \_\_\_\_\_

### B. Cash or Check Contribution

I am enclosing my gift of \$ \_\_\_\_\_

☐ Cash ☐ Check # \_\_\_\_\_

Please make checks payable to Pueblo County United Way

**C. Bill Me: My annual contribution amount is \$ \_\_\_\_\_**

**please bill me:**

monthly \_\_\_\_\_ quarterly \_\_\_\_\_

semi-annually \_\_\_\_\_ annually \_\_\_\_\_

**(If applicable) I authorize my employer to roll my gift over annually.** ☐ Yes ☐ No

### \* D. Leadership Giving Club:

*If you have decided to generously contribute \$250 or more, you are a part of this special group of Community Leaders. United Way will publish your name in recognition of your generous gift.*

**Patron** - \$1,000 Or More

**Benefactor** - \$500-\$999

**Friend** - \$250-\$499

*Your name will be published unless you notify United Way that you wish to have your name omitted.*

Please print your name as you would like it to appear in print then sign and date.

Name \_\_\_\_\_

Signature \_\_\_\_\_

### E. Community Care:

☐ I want my gift to go to the United Way Community Fund and be distributed by Pueblo County United Way to impact critical needs in the community.

### F. Optional: Designating your gift:

**(Please see instructions on back minimum gift of \$52 per designated agency)**

I wish to direct my pledge to the following IRS-approved charitable organization.

Agency/Program Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

☐ I wish to receive an acknowledgement from this agency

☐ Contact me—I'd like to volunteer.

☐ I have been a loyal contributor to United Way of Pueblo County for \_\_\_\_\_ years.

## Thank You!!

Please return completed form to your company campaign coordinator – OR –

mail to: Pueblo County United Way • PO Box 11566 • Pueblo, CO 81001. Please make checks payable to Pueblo County United Way  
United Way Copy - White Payroll Copy - Yellow CONTRIBUTOR COPY - PINK

 Please see back for additional information