

ALL FUNDS RAISED IN THE NORTHSHORE AREA WILL STAY HERE TO ADDRESS LOCAL PROGRAMS AND INITIATIVES.

# 2009-2010 NORTHSHORE AREA CAMPAIGN PLEDGE FORM



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## MY INFORMATION.

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME	EMAIL ADDRESS FOR ENEWSLETTER	LAST YEAR'S GIFT
HOME ADDRESS			CITY/STATE/ZIP	HOME PHONE	DAYTIME PHONE
YOUR EMPLOYER		LABOR AFFILIATION		I AUTHORIZE THE GIFT DESCRIBED BELOW. (SIGNATURE)	DATE

## MY GIFT TO MY COMMUNITY.

### Payroll Deduction

I authorize my employer to deduct the following amount each pay period:

\$50  \$40  \$30  \$25  \$20  \$15  \$10  Other: \$ \_\_\_\_\_

I would like to sponsor a child in the Imagination Library\* program by increasing my deduction per pay period by an additional:

\$1  \$2  Other: \$ \_\_\_\_\_

Total per pay period: \$ \_\_\_\_\_ # Pay periods per year: \_\_\_\_\_ **Total Annual Gift: \$ \_\_\_\_\_**

\*DOLLY PARTON'S IMAGINATION LIBRARY. This program provides an age-appropriate book each month to children between the ages of 0-5 in the Lake and Cook Counties area. The cost is \$30 per child per year. Help us instill a love of reading and prepare a child for school.

### Bill Me

Total Contribution: \$ \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Bill Me for Balance: \$ \_\_\_\_\_

Annually: Month: \_\_\_\_\_

Quarterly  Monthly

Amount: \$ \_\_\_\_\_

Check#: \_\_\_\_\_

Date: \_\_\_\_\_

### Credit Card

Visa  MasterCard  Discover  AMEX

Amount: \$ \_\_\_\_\_

Acct#: \_\_\_\_\_

3-Digit Security Code: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

### Cash

### Check

### Stocks/Securities

Amount: \$ \_\_\_\_\_

Phone#: \_\_\_\_\_

(United Way will contact you.)

## SIEUR DU LHUT LEADERSHIP GIVING SOCIETY.

With your gift or combined gift with spouse/partner of \$1,000 or more, you become a member of the Sieur du Lhut Leadership Society. Please indicate below the leadership level at which you are contributing:

- Friends Order (\$1,000 - \$1,999)
- Explorer Order (\$2,000 - \$3,499)
- Visionary Order (\$3,500 - \$4,999)
- Daniel Greysolon Order (\$5,000 and over)

I'm contributing with my spouse/partner to determine our giving level.

Spouse/Partner Gift: \$ \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_

Spouse/Partner Employer: \_\_\_\_\_

Please specify how you would like your name(s) in the Leadership recognition materials: \_\_\_\_\_

- I/we wish to remain anonymous  Please provide information about United Way's Endowment Fund.

## EMERGING LEADERS STEP-UP PROGRAM

Step up to the Sieur du Lhut Leadership Society even if you're not yet able to make the full financial commitment of \$1,000. A Step-Up commitment recognizes donors at the \$1,000 level based on their commitment to a three-year progression. In year one and two, your contribution will be matched by several very generous anonymous donors to achieve the \$1,000 level of giving.

Commitment Level - Year 1, 2 and 3:

Year One: \$500; Year Two: \$750; Year Three: \$1,000 [Please make sure your Gift of at least \$500 is reflected above]

Sign me up as an Emerging Leader! My first-year gift is \$500 and I pledge to continue my support at the levels noted above.

## YOUR INVESTMENT MATTERS.

With the help of local volunteers, United Way distributes your contribution to those most in need in our community through Community Care allocations. This ensures that your gift has a positive impact on the overall health of our community and the people who live here.

COMMUNITY CARE. I would like knowledgeable community volunteers to invest my gift in local health and human service programs helping those in greatest need in our community.

### DONOR DESIGNATION IS OPTIONAL

DIRECT CARE. Of my total gift, please direct \$ \_\_\_\_\_ to the following impact area, agency(s) or my local United Way:

CARE WITH EXCEPTIONS. I wish to support the entire family of United Way agencies with the exception of:

Please check here if you wish to receive acknowledgement of your gift from the agency.

# THANK YOU FOR LIVINGUNITED

SAVE A COPY OF THIS FORM AS A RECEIPT ALONG WITH A YEAR-END PAYROLL CHECK STUB.  
No goods or services were given by United Way in consideration, in whole or part, for this contribution.  
Donor designated contributions are assessed administrative fees based on actual historical costs in accordance with United Way of America Membership Standards.