Community Campaign Pledge
United Way of York County improves lives by mobilizing people and resources!

My Contact Information: Please print. Your personal information is kept CONFIDENTIAL and will not be sold or shared at any time.

<table>
<thead>
<tr>
<th>MR/MRS/MS/DR</th>
<th>FIRST NAME</th>
<th>M.I.</th>
<th>LAST NAME</th>
</tr>
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<thead>
<tr>
<th>HOME ADDRESS</th>
<th>APT. #</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<tr>
<th>PREFERRED EMAIL</th>
<th>Work</th>
<th>Home</th>
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<tr>
<th>EMPLOYER NAME</th>
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<tr>
<th>BIRTHDAY (month/day)</th>
<th>and I am:</th>
<th>Under 25</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-75</th>
<th>Over 75</th>
</tr>
</thead>
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My Pledge/Gift: Please select payroll deduction OR direct payment option, then please sign and date.

☐ EASY PAYROLL DEDUCTION
☐ $50
☐ $25
☐ $20
☐ $10
☐ $5
☐ Other: $_____

☐ DIRECT PAYMENT of $_____________________
☐ Cash enclosed
☐ Check enclosed: Ck #_________ (Payable to: United Way of York County)
☐ Credit card: Be a “GEM” and Give Every Month!
   $_____ per ☐ Month ☐ Quarter ☐ One time
   Card #_________
   Expiration: ___________ CVV ___________

Interested in volunteering? Check here and we will contact you! ☐

Recognition: Our Leaders’ Circle recognizes gifts of $1,000 or more. Please share how you wish to be listed:

List my/our name(s) as: ____________________________ ☐ Make my gift anonymous

How Do You Want to Make an Impact? A targeted priority area gift total should match the Total Annual Gift above.

☐ Invest my contribution where it will impact my community the most: United Way of York County!

☐ Target my Gift — Choose one or more:

- [ ] Bright Beginnings — Best start for kids!
- [ ] Healthy Foods — Nutritious food for all
- [ ] Connected Youth — Developing leadership through service
- [ ] Supportive Services — Meeting basic needs + more!

Amount $___________ Amount $___________ Amount $___________ Amount $___________

How would you like to be thanked?: ☐ Traditional mail ☐ Save the postage, email me!

Special Instructions: Billing instructions/Direct my gift to another United Way or the 501(c)(3) nonprofit health and human services organization in Maine or New Hampshire listed here. Total contribution must be $25 or more:

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* * YOUR SIGNATURE: ____________________________ Date: ____________

DIRECT QUESTIONS TO: United Way of York County, P.O. Box 727, 36 Water St, Kennebunk, ME 04043
Tel: (207) 985-3359, info@buildcommunity.org, www.buildcommunity.org

THANK YOU!

United Way of York County acknowledges no goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.