

# United Way of DeKalb County Pledge Form 2024-2025

## MY INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
PREFIX FIRST NAME MI LAST NAME

\_\_\_\_\_  
EMAIL  Personal  Work

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY STATE ZIP PHONE  Home  Work  Mobile

\_\_\_\_\_  
EMPLOYER NAME  I am retired  I am currently not employed

I wish to remain anonymous.

## MY PLEDGE 2024-2025

PAYROLL DEDUCTION

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
I will contribute each pay period Pay periods per year My TOTAL payroll deduction gift

ONE TIME GIFT  Cash  Check

\$ \_\_\_\_\_ Check # \_\_\_\_\_ (Payable to: United Way of DeKalb County)

BILL ME

Annually (one time) \$ \_\_\_\_\_ (Minimum \$50 gift)

Quarterly \$ \_\_\_\_\_ (Minimum \$50 quarterly)

**MY TOTAL  
ANNUAL  
GIFT IS**

\$ \_\_\_\_\_

## GIVING OPTIONS

GENERAL FUND

I want to help the most people possible by contributing \$ \_\_\_\_\_ to the United Way of DeKalb County's General Fund.

ENDOWMENT

I want to invest \$ \_\_\_\_\_ in the United Way of DeKalb County's Endowment Fund.

DESIGNATE MY GIFT TO AN IMPACT AREA (See other side)

I wish to designate my pledge to the following area/s that make the greatest IMPACT on the ALICE population based on community needs.

Health  Education  Financial Stability  Other \_\_\_\_\_

## PLEASE SIGN HERE TO AUTHORIZE YOUR PLEDGE

\_\_\_\_\_  
SIGNATURE DATE



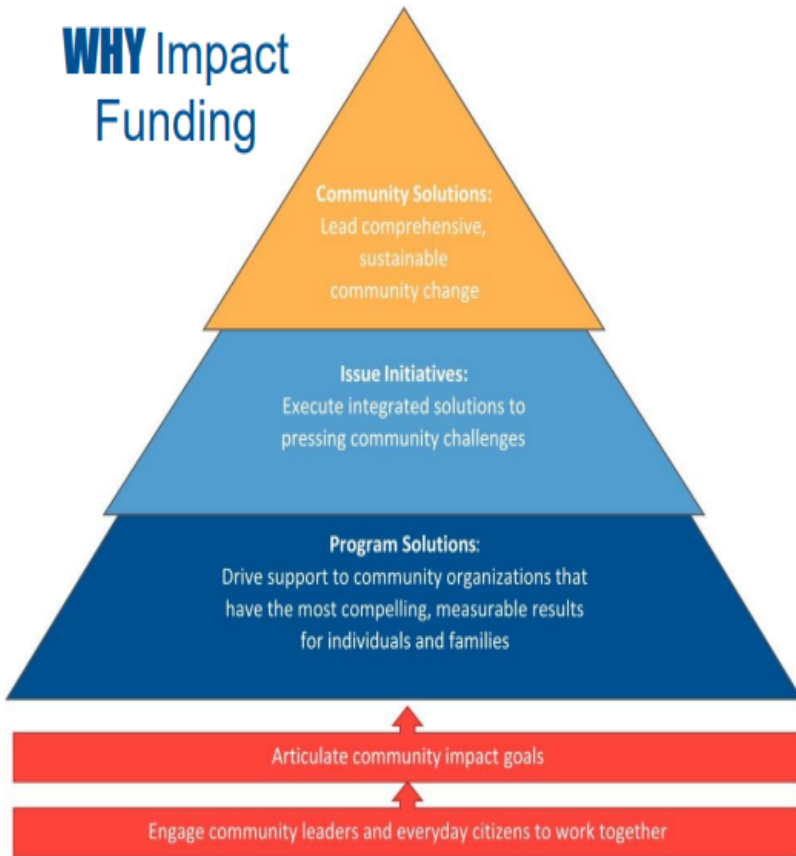
[www.unitedwaydekalb.org](http://www.unitedwaydekalb.org)

United Way of DeKalb County  
950 W 15<sup>th</sup> St  
PO Box 307  
Auburn IN 46706



United Way  
of DeKalb County

## WHY Impact Funding



## WHO Needs Help Based on Community Feedback

Asset Limited, Income Constrained, Employed

ALICE gets up each day to go to work, but still faces financial barriers — working jobs that offer no health care, vacation, or paid sick leave. These workers hold jobs that are critical to the success and vitality of our communities, yet they often struggle to afford food, rent, childcare, and transportation, and have little left over for saving and investing.

United Way of DeKalb County's **Mission** is to fight for the health, education, and financial stability for every person in our community.

## HOW Can You Help United Way of DeKalb County Make An IMPACT

### Health

- Increase access to healthcare
- Build the foundations for healthy families
- Promote regular mental, oral & physical healthcare

### Education

- Kindergarten readiness
- Promote social, emotional, physical & intellectual growth
- Safe educational opportunities

### Financial Stability

- Promote job training
- Connect families with housing & food services
- Create a stronger community

United Ways are 501(c)(3) organizations and your donation is tax deductible as allowed by current tax law. No goods or services were provided in exchange for this contribution. United Way does not sell your information. United Way of DeKalb County's EIN is 35-1065714.



United Way  
of DeKalb County