

2025 PLEDGE FORM

Account #_____

MY INFORMATION					
R. MRS. MS. FIRST NAME	M.I.	LAST NAME	DOB (MM/DD/YY)		
OME ADDRESS		CITY		STATE	ZIP CODI
HONE HOME WORK MOBILE	EMAIL	HOME WORK			
MPLOYER			CK IF APPLICAB		
The Lotter	 I am a first time donor to United Way I am a loyal donor (5+ years), giving since I wish to remain anonymous 				
OMBINED GIFT GIVER		O I WISH to	emain anonym	ous	
IY GIFT TO MY COMMUNITY - Please choose A, B, and	d/or C below.				
GIVING LEVELS: Club 52: Gifts of \$52 and a	bove Leadership: Gifts	of \$500 and above			
A O EASY PAYROLL DEDUCTION	B O DIRECT GIFT		O BILL/IN	VOICE ME	
			O DILLY III	VOIGE WIE	
A total annual gift of \$	A direct gift of \$ Direct gift to be paid by: Cash (enclosed)			-	
I want to contribute the following amount each pay period:			Minimum Gift of \$50Monthly		
\$50 \$25 \$10 \$5					
Other \$	○ Check #	· · · · · · · · · · · · · · · · · · ·		•	
	Made payable to UWCCMC		One Time (Date)		
I have $\frac{1}{(12,24,26,52,etc.)}$ pay periods each year.	Oponate Online (Credit Card) Donation made through website at www.uwccmc.org/donate				
			If different than above, please list your billing address:		
 United Way of Clark, Champaign & 					
Madison Counties does not sell, trade or			Address		
disclose its donor's personal information.			Address		
			City		State Zip
			City		State Zip
		Scan the code to			
		donate online now.			
OPTIONAL: LOCALIZE MY DON	IATION:				
Clark Champaign CMadison	○ All Three Counties (Clark	k, Champaign, Madison)	Other		_
Designate to a United Way Agency (United Way 20	24-2025 Partner Agencies lis	sted on back)			
Code Amount \$			mount \$		_
OPlease release my name to the above partner a	igencies.				
Other Agency					
Agency must be a qualified nonprofit, 501(c)(3). Pleas	e provide full legal name and l	ocation of charity. Churches	and political orga	anizations may	not be designate
Please remember United Way of Clark, Champaign &	Madison Counties in your w	rill or estate plans and let u	ıs know when ye	ou do.	
		TOTAL AMO	UNT	\$	
		TOTALAMO		Y	
V					
X SIGN HERE:			DATF.		

^{*} IRS regulations require payroll deduction donors to keep a copy of their pledge card and their year-end pay stub, W-2 or other employer documentation showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information. No goods or services have been received for this contribution.



WE LIVE HERE. WE GIVE HERE. IT HELPS HERE.

With your generous support, United Way of Clark, Champaign & Madison Counties facilitates collaborations between local organizations, mobilizing resources and funding to bring positive collective community impact to our friends and neighbors.

CLARK

GIVE. ADVOCATE. VOLUNTEER.

CLARK COUNTY

2024-2025 PARTNER AGENCIES

- 195 Autumn Trails Stable
- 196 CareerConnectED
- 722 Clark County Department of Reentry
- 130 Clark County Literacy Coalition
- 162 Clark County Park District
- 128 Covenant Freedom School
- 135 Dolly Parton's Imagination Library
- 193 Family & Youth Initiatives
- 160 Mercy Health Med Assist
- 163 Mercy Health REACH
- 723 NAMI Clark, Greene and Madison Counties
- 165 Neighborhood Housing Partnership of Greater Springfield, Inc.
- 167 Oesterlen Services For Youth, Inc.
- 168 On-The-Rise
- 721 Pregnancy Resource Clinic of Clark County
- 172 Project Woman of Ohio
- 174 Rocking Horse Community Health Center
- 126 Second Harvest Food Bank of Clark, Champaign and Logan Counties
- 184 Springfield Family YMCA
- 189 Springfield Promise Neighborhood
- 131 St. Vincent de Paul of Springfield
- 191 TAC- The Abilities Connection
- 142 WellSpring

CHAMPAIGN COUNTY

2024-2025 PARTNER AGENCIES

- 719 Breast Friends Forever of Champaign County
- 227 Caring Kitchen, Inc.
- 238 Champaign Family YMCA
- 246 Dolly Parton's Imagination Library
- 258 LifeCare Alliance
- 266 Mercy Health Med Assist
- 709 Mercy Health REACH
- 281 Project Woman of Ohio
- 231 Second Harvest Food Bank of Clark, Champaign and Logan Counties
- 710 To Whom It May Concern

MADISON COUNTY

2024-2025 PARTNER AGENCIES

- 315 Big Brothers Big Sisters of Central Ohio
- 320 Dolly Parton's Imagination Library
- 329 H.E.L.P. House Community Outreach
- 333 LifeCare Alliance
- 720 Madison County Food Pantry
- 363 Madison Health Speech Therapy

A GIVING GUIDE FOR YOUR ANN	VING GUIDE FOR YOUR ANNUAL DEDUCTED GIFT - TOTAL ANNUAL CONTRIBUTIONS:					
DOLLARS PER PAY PERIOD	24 PAY PERIODS	26 PAY PERIODS	52 PAY PERIODS			
\$2	\$48	\$52	\$104			
\$5	\$120	\$130	\$260			
\$10	\$240	\$260	\$520			
\$20	\$480	\$520	\$1040			
\$25	\$600	\$650	\$1300			