

**PLEDGE FORM**

**2011-2012 LOCAL GOVERNMENT & SCHOOLS - UNITED WAY CAMPAIGN**

**PAYROLL COPY**

(Please return this portion to authorize withholdings.)

LAST NAME	FIRST	MIDDLE INITIAL	JURISDICTION	DEPARTMENT
WORK ADDRESS AND ZIP CODE			WORK PHONE	EMPLOYEE ID #

**YOUR CONTRIBUTION**

Fill in the blank showing the amount of your payroll deduction. Write in the total of your annual contribution in the space provided.

AMOUNT PER PAYCHECK	# OF PAY PERIODS	TOTAL GIFT
\$	X	= \$

**A GIFT OF \$500 OR MORE QUALIFIES YOU AS AN LGS LEADERSHIP DONOR.**

Check here if you are a Guideline Giver (One hour's pay per month; see chart on back)



**PAYROLL DEDUCTION AUTHORIZATION**

I hereby authorize the above jurisdiction to deduct the amount shown from my pay during the calendar year 2012. Deductions will begin in January. I understand that this authorization may be revoked by me in writing at any time before it expires.

<b>SIGNATURE (REQUIRED)</b>	<b>DATE</b>
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**UNITED WAY COPY**

(Please return this portion to accurately process gift.)

LAST NAME	FIRST	MIDDLE INITIAL	JURISDICTION	DEPARTMENT
WORK ADDRESS AND ZIP CODE			WORK PHONE	EMPLOYEE ID #
E-MAIL ADDRESS				HOME <input type="checkbox"/> WORK <input type="checkbox"/>

**YOUR CONTRIBUTION**

Fill in the blank showing the amount of your payroll deduction. Write in the total of your annual contribution in the space provided.

AMOUNT PER PAYCHECK	# OF PAY PERIODS	TOTAL GIFT
\$	X	= \$

- I have enclosed a check or money order (made payable to LGSUWC) in the amount of \$\_\_\_\_\_.
- I want my Leadership Gift (\$500+) recognized with a plaque or bar.
- I would like more information on the Women's Leadership Initiative.
- I have been a loyal contributor since [ ] [ ] [ ] [ ] (year).
- I want my name and home address released to the organization(s) I have designated (section below must be completed):

HOME ADDRESS
CITY, ST ZIP

**YOUR DESIGNATION**

200 EDUCATION \$ [ ] 100 INCOME \$ [ ] 300 HEALTH \$ [ ]

To designate your gift to particular agencies, please list them in the space provided. There is a minimum \$24 designation per agency.

AGENCY CODE	AGENCY NAME	AMOUNT
		\$
		\$
		\$

If your agency of choice is not listed, please fill in the information below. See back for guidelines.

AGENCY NAME	AMOUNT
AGENCY ADDRESS	\$

LAST NAME	FIRST	MIDDLE INITIAL
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**Thank you for investing in our community through the LGS United Way Campaign.**

**YOUR CONTRIBUTION**

Fill in the blank showing the amount of your payroll deduction. Write in the total of your annual contribution in the space provided.

AMOUNT PER PAYCHECK	# OF PAY PERIODS	TOTAL GIFT
\$	X	= \$

**OR**  
I CONTRIBUTED A CHECK OR MONEY ORDER FOR \$

**YOUR DESIGNATION**

To designate your gift to particular agencies, please list them in the space provided. There is a minimum \$24 designation per agency.

AGENCY CODE	AGENCY NAME	AMOUNT
		\$
		\$
		\$

If your agency of choice is not listed, please fill in the information below.

AGENCY NAME	AMOUNT
AGENCY ADDRESS	\$



**EMPLOYEE COPY**

(Keep this portion for your records.)

## Give a Guideline Gift

Many of us are simply too busy to donate our time, but if you contribute a minimum of one hour's pay per month, you can change lives for the better in our community. Or, would you like to give a little bit more this year? Use the chart at right to calculate your gift of one or more hour's pay!

## Your Guide to Donating 1 Hour's Pay Per Month

ANNUAL SALARY	26 PAY PERIODS		24 PAY PERIODS	
	AMOUNT PER PAYCHECK	TOTAL ANNUAL GIFT	AMOUNT PER PAYCHECK	TOTAL ANNUAL GIFT
\$12,000	\$2.77	\$72.02	\$3.00	\$72
\$14,000	\$3.23	\$83.98	\$3.50	\$84
\$16,000	\$3.69	\$95.94	\$4.00	\$96
\$18,000	\$4.15	\$107.90	\$4.50	\$108
\$20,000	\$4.62	\$120.12	\$5.00	\$120
\$22,000	\$5.08	\$132.08	\$5.50	\$132
\$24,000	\$5.54	\$144.04	\$6.00	\$144
\$26,000	\$6.00	\$156.00	\$6.50	\$156
\$28,000	\$6.46	\$167.96	\$7.00	\$168
\$30,000	\$6.92	\$179.92	\$7.50	\$180
\$35,000	\$8.08	\$210.08	\$9.00	\$216
\$40,000	\$9.23	\$239.98	\$10.00	\$240
\$45,000	\$10.38	\$269.88	\$11.50	\$276
\$50,000	\$11.54	\$300.04	\$12.50	\$300
\$60,000	\$13.84	\$359.84	\$15.00	\$360
\$70,000	\$16.16	\$420.16	\$18.00	\$432
\$80,000	\$18.46	\$479.96	\$20.00	\$480
\$90,000	\$20.76	\$539.76	\$23.00	\$552
\$100,000	\$23.08	\$600.08	\$25.00	\$600

### Eligibility Guidelines

You may contribute to agencies not included in the Resource Directory. These agencies must be a nonprofit, 501(c)(3) organization providing health and human services in our local area. They also must be registered with the Virginia Department of Agriculture and Consumer Services (VDACS). Please provide the agency's name and address on your pledge form. Eligibility will be determined by United Way before contributions are disbursed.

## Your generous gift goes to work bringing lasting change, right here in our community.

Education, Income and Health – these are the building blocks for a good life. United Way works together with organizations and individuals to achieve positive and lasting change in the Greater Richmond and Petersburg community.

### EDUCATION

#### Helping children and youth achieve their potential.

- Strengthening families to promote children's health and school readiness.
- Improving access to quality, affordable child care and early learning opportunities.
- Providing positive places and strong role models for youth.

### INCOME

#### Helping families and individuals achieve financial stability and stable housing.

- Supporting basic needs for people in crisis while providing financial education.
- Helping hardworking people obtain job training and family-sustaining wages.
- Improving access to stable, permanent housing.

### HEALTH

#### Supporting the health and wellness of older adults and their caregivers.

- Providing opportunities for wellness and community involvement.
- Improving the affordability and availability of health and wellness services.
- Strengthening caregivers to provide the best care for older adults.

## United Way Resources

Visit United Way online at [www.yourunitedway.org](http://www.yourunitedway.org) to learn more about Administrative Policies and Guidelines as well as the following resources available to help you.



*Being a caregiver doesn't mean doing it all yourself.*



**Support & Resources for CAREGIVERS**



[bornlearning.org](http://bornlearning.org)

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

**Richmond  
Petersburg  
Customer Service  
LGS Manager**

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 Lori O'Toole, [otoolel@yourunitedway.org](mailto:otoolel@yourunitedway.org), 804-771-5836

