

Pikes Peak United Way 2008/2009

www.ppunitedway.org



518 North Nevada Avenue
Colorado Springs, CO 80903-1106

Mr. Mrs. Mr. & Mrs. Ms. Dr. _____

Full Name: _____ Employer: _____

Spouse Name: _____ Employer: _____

Home or Work Address (Street, City/State/Zip): _____

Work Phone: _____ Home Phone: _____ E-mail: _____

METHOD OF PAYMENT

Payroll Deduction

I would like to contribute
\$ _____ per pay period

**Please provide a copy of this
pledge form to your payroll
department and to Pikes Peak
United Way.**

I receive my paycheck:

- Weekly (52/year)
 Semi-Monthly (24/year)
 Every Two Weeks (26/year)
 Monthly (12/year)

Charge Gift

One Time \$ _____ in the month of _____
Monthly \$ _____ per month beginning _____
Quarterly \$ _____ per quarter (Jan / Apr / July / Oct)

Visa Mastercard Amex Discover

Credit Card Number: _____

Exp. Date: _____ Card Member ID#: _____

Signature: _____

Bill Me No Credit Card. Please bill me in the month of _____

One-Time Gift My gift of \$ _____ is attached.

Cash Check (Pikes Peak United Way) Stocks* \$ _____

* If donating stock, please contact Pikes Peak United Way CFO at 955-0736 (Approx. value)
Merrill Lynch Account 42804311, DTC 5198

My Total Annual Gift This Year: \$ _____

Pikes Peak United Way Community Fund

Funds are allocated to the greatest needs in
the community, as determined each year.

I'd like to contribute \$ _____
to the Community Fund.

Designated Gift

I'd like to give a gift to the 501(c)3
charity of my choice.

I'd like to contribute \$ _____
to _____

Leader in Giving

Please consider giving a gift of \$1,000
or more this year to become a Leader
in Giving.

For more information contact
Cheryl Tolley at (719) 955-0739.

Please complete the form and distribute
as follows:

**White copy to PPUW. Yellow copy to donor
payroll department. Pink copy to donor.**

No compensation, goods, or services have
been given to the donor in return for this
contribution. All information given will be
kept confidential and used for Community
Campaign purposes only.

- Do not list my name in printed materials.
- Do not release my name to the designated agency in connection with this gift.
- Contact me – I'd like to volunteer!
- I've been a loyal Pikes Peak United Way contributor for ___ years.

Signature: _____



Community Shares

Your Check. Your Charity. Your Colorado.

1536 Wynkoop Street, Suite 202 Denver, Colorado 80202 • 303-861-7507 • www.cshares.org

No goods or services were exchanged in compensation for payroll contribution, cash, check and credit card donations – this donation is 100% tax deductible. Please retain a copy of this pledge card for your records.

I authorize my employer to deduct a donation from my pay.

\$ _____ per paycheck.

I am paid:

- Weekly (x 52)
- Monthly (x 12)
- Twice a month (x 24)
- Every 2 weeks (x 26)

Total amount of pledge: \$ _____

I would like to make a one-time donation of \$ _____.

I am paying via:

- Check
- Cash

Please make checks payable to Community Shares.

Credit Card # _____

Expiration date (MM/YY) _____

Please designate my gift to the following nonprofit organizations:

- Please designate my gift to the Shares Fund for distribution among all Community Shares member agencies.
- Please designate my gift to Community Shares of Colorado.

white / top copy : employer yellow copy : donor pink / bottom copy : Community Shares of Colorado

name

home address

city

state

zip

phone

email

employer / organization

department

signature (required)

date

I do not request acknowledgement of this gift. Please do not release my contact information to the recipient charities.

I AUTHORIZE MY EMPLOYER TO DEDUCT FROM MY PAY:
\$ _____ PER PAYCHECK.

I am paid:

- weekly
- twice a month
- every two weeks
- monthly

OR I AM ENCLOSING MY GIFT: \$ _____

(Please make checks payable to Community Health Charities of Colorado)

Check VISA MC

Card #: _____ Exp.: _____

Signature (required)

I want my donation to go toward supporting all members of
Community Health Charities of Colorado.

OR

I want my donation to go to this specific Community Health
Charities of Colorado member (see brochure)

Charity # _____ Charity # _____



1805 South Bellaire
Suite 185
Denver, CO 80222
303-758-0069

Your Name _____

Home Address (optional) _____ City _____ Zip _____

Organization/Employer _____

Employee Number _____ Store Number _____

X Your Signature _____ Date _____

I WISH TO BE ACKNOWLEDGED FOR MY GIFT.
(Complete home address)