Greater Twin Cities
UNITED WAY

2026-2027 Greater Twin Cities United Way Pledge Form

404 South Eighth Street, Minneapolis, MN 55404-1084 | (612) 340-7400

My United Way investment (choose one or more of these giving options):

1 Community Impact Fund:

I want to support areas of greatest need in housing, food, education and jobs.

$_____

2 I want to direct my gift to:

❑ **Stable Housing**
Ensure episodes of homelessness are rare, brief and nonrecurring.
$_____

❑ **Food Security**
Ensure all have access to food that is nutritious, culturally relevant and affordable.
$_____

❑ **Educational Success**
Ensure children enter kindergarten ready to learn and thrive. Ensure all youth have the skills, mindsets and relationships to choose and direct their own future success.
$_____

❑ **Economic Opportunity**
Ensure adults enter the workforce prepared for skilled employment and increased wealth
$_____

X Signature (required) _____ Date _____

My information

Please print firmly in ALL CAPITAL letters. Your personal information is kept confidential.
Please list home address, phone and email to receive recognition and tax receipt letters.

First Name _____ MI ____ Last Name _____

Spouse's/Partner's Name (Combine and recognize my gift with my spouse/partner.) _____

Home Address _____ City _____

State _____ Zip _____ Preferred Phone ❑Home ❑Cell ❑Work _____ Preferred Email: _____

❑ I want my gift to remain anonymous in all recognition materials.
❑ I would like information about Planned Giving at United Way.
❑ I have included United Way in my will/estate plan.
❑ I am a union member.
❑ I wish to be listed in recognition materials as follows: _____

My giving options

Important tax information: Per IRS Notice 2006-110, be sure to keep a copy of this form for your tax records.

❑ Easy payroll deduction $_____ (I will contribute each pay period) x _____ (Pay periods per year) = $_____ (My total annual gift)
(Must equal total investment from section above.)

❑ Make a one-time gift of $_____
- ❑ Cash
- ❑ Check (attached). Checks cashed upon receipt.
- ❑ Credit/Check Card (Visa/Mastercard/DISCOVER/American Express). We respect your privacy. To make your gift by credit or check card, visit gtcuw.org/pledge.

❑ Bill me in 2027 $_____ If requesting a bill, please provide a home mailing address.
- ❑ Semi-annually ❑ Quarterly ❑ One-time _____(month)

To give a gift of stock, please use the 'Bill me' option and contact our stock coordinator at stock@gtcuw.org for further instructions on making a stock transfer or with any questions.

Gift restriction is offered as an optional service. The most effective way to help the community is by making an unrestricted gift to United Way.

❑ Designate a gift to a specific 501(c)(3) or another United Way. $_____
Read our designation policy at: gtcuw.org/donate/designation-policy. (Full agency name and address required below.)

Agency Name _____ Address _____ City/State/Zip _____

❑ I wish to remain anonymous to the above organization. (If you check the anonymous box in the MY INFORMATION section, your name will remain anonymous to all organizations.)

Thank you for your generosity!

Your gift may be tax-deductible and will support health and human services in 2027. United Way acknowledges no goods or services were provided in exchange for your gift.