

WRAPPING UP THE CAMPAIGN

7.2 HLUW Campaign Forms

7.2.1 Individual Pledge Form

Please make sure that all donors in your workplace have completed their pledge form as indicated below:

PERFORM THE 4 CHECKS ON EACH PLEDGE FORM:

1. Check for **complete contact information** for each donor including phone or email in case we need to verify information about their pledge.
2. **Preferred Geographic Area has been selected:** with our expanded service area, it is very important to us that gifts are used in the region the donor intends. If a region is not selected, we will contact the donor to verify which region they prefer.
3. The donor has indicated their **Total ANNUAL Contribution (Pledge).**
4. Pledge form is **signed and dated** by donor. All pledge forms must include signatures to be processed.

HEAD OF THE LAKES UNITED WAY PLEDGE FORM

424 W. Superior Street, Suite 402 | Duluth, MN 55802
Duluth: 218-726-4770 | Superior: 715-394-2733 | www.hluw.org

STEP 1 DONOR INFORMATION: Check here if your contact info has recently changed.

Prefix _____ First Name _____ MI _____ Last Name _____ Suffix _____
Home Address _____ City _____ State _____ Zip _____
 I am Retired. Employer _____ I am a Union Member of: _____

Please provide your preferred phone number and email address so that we may contact you if we have questions regarding your pledge.

Phone: _____ Call Home Call Work Alt Phone _____ Cell Home Cell Work Personal Work
Email: _____

STEP 2 CHOOSE YOUR GEOGRAPHIC AREA*:
 Ashland – Bayfield Greater Duluth North Shore Superior – Douglas County

STEP 3 MAKE YOUR PLEDGE: **TOTAL Annual Contribution:** \$ _____ Indicate payment method below.

PAYROLL DEDUCTION
I want to donate the following amount per pay period:
 \$50 \$25 \$10 \$5
 Other amount \$ _____
My pay period is:
 Weekly (52 per year)
 Twice a month (24 per year)
 Every other week (26 per year)
 Other _____

BILL ME
Please send me an invoice:
\$ _____ (\$25 minimum)
 Quarterly One Time on: _____ mm/yy

DIRECT GIFT
Cash \$ _____
Check \$ _____
Check # _____
Date _____
Make checks payable to: United Way

CREDIT CARD
One-time or recurring CC charge
 My credit card form is attached*
 I'll give securely online at: www.hluw.org/give
 Please contact me
*Credit card forms and additional information about online giving can be found at www.hluw.org/give.

LAKE SUPERIOR LEADERSHIP SOCIETY
An individual or combined gift of \$1,000 or more qualifies you as a Lake Superior Leadership Society Member! In addition, the Emerging Leaders program recognizes donors that give \$500 with a commitment of increasing their gift to \$1,000 within 3 years.
 Combined Gift with _____ Employer _____

RECOGNITION: " _____ " I/We wish to remain anonymous.
Please use this as my/our names in United Way publications

STEP 4 X Required Signature _____ Date: _____

ADDITIONAL INFO: (OPTIONAL)
AGE RANGE: 18-24 25-34 35-44
 45-54 55-64 65-74 75 & older
 I am a NEW HIRE. I plan to RETIRE _____ mm/yy

Please contact me regarding **PLANNED GIVING.**
PLEASE ADD ME TO THE HLUW EMAIL LIST!
 General Head of the Lakes UW e-news
 Volunteer Opportunities

DESIGNATIONS: If you would like to designate your gift, visit WWW.HLUWEDWAY.ORG/GIVE to view our current partner agencies and fill out/print a designation form. A completed designation form must be attached to your pledge form to be honored.

Thank you for your contribution to the United Way campaign. No compensation, goods or services have been given to the donor from Head of the Lakes United Way in return for this contribution. If HLUW has any questions about your contribution, you will be contacted at the above phone number/email address. *Geographic Area: If no area is selected, we will apply your gift to the geographic area corresponding to your provided zip code.

Original: United Way | Duplicate Copy: Donor/Payroll Dept

THANK YOU FOR YOUR SUPPORT!

7.2.2 Donor Designation Form

Donors wishing to designate their gift to one of our current agency partners must complete and attach a HLUW Designation Form to their pledge form. Copies are available to print on our website at www.hlunitedway.org/give.

HEAD OF THE LAKES UNITED WAY
DESIGNATION FORM

424 W. Superior Street, Suite 402 | Duluth, MN 55802
Duluth: 218-726-4770 | Superior: 715-394-2733 | www.hlunitedway.org

Head of the Lakes
United Way

STEP 1 DONOR INFORMATION: PLEASE NOTE: To ensure the largest impact, making an UNDESIGNATED gift allows your entire gift to be used in the COMMUNITY CARE FUND in the geographic area of your provided zip code.

Prefix _____ First Name _____ MI _____ Last Name _____ Suffix _____
 Home Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____

STEP 2 GEOGRAPHIC AREA (from pledge form)

2 Please select the geographic area **FOR YOUR GIFT** in Step 2 on your **PLEDGE FORM**. If no geographic area is selected, your gift will be used in the area corresponding with the provided zip code.

COMMUNITY CARE WITH EXCEPTION/S (optional)
 If you do not want your gift to support a specific partner agency, Please list them here.
 Designate to ALL HLUW Partner Agencies EXCEPT:

STEP 3 DESIGNATION OPTIONS:

Designate your gift to a group of HLUW Partner Agencies within a specific **Impact Area**.

\$ _____ **Impact Area:** Basic Needs Education Health Income

OR Designate to one or more eligible **HLUW Partner Agencies** (view list at www.hlunitedway.org/give):

\$ _____ **UW Partner Agency:** _____
 \$ _____ **UW Partner Agency:** _____

OR Designate to another United Way:

\$ _____ **Other United Way:** _____

\$ _____ **TOTAL ALL DESIGNATIONS** \$ _____ **ANNUAL GIFT TOTAL**

STEP 4 Required **Signature** _____ Date: _____

STEP 5 **YES!** You may release my name and address to the designated agency or United Way for an acknowledgment.
 NO! Do NOT release my name and address.

If HLUW has any questions about your designation, you will be contacted at the above phone number/ email address. Designations to 501(c)3 non-profit organizations that are not currently funded Partner Agencies of Head of the Lakes United Way cannot be honored. Designations will be subject to an 11% processing fee. No compensation, goods or services have been given to the donor from Head of the Lakes United Way in return for this contribution.

7.2.3 Credit Card Form

In order to maintain the confidentiality of our donors and keep their information private, we have updated our pledge forms. If a donor wishes to use a credit card to make a donation, they are asked to complete a credit card transaction form and attached it to their pledge form. We will process the credit card as indicated and then destroy the credit card form. Alternatively, donors may go online to www.hlunitedway.org/give to set up a one-time or recurring donation on our secure online giving portal.

Head of the Lakes
United Way

Credit Card Transaction Information
 Head of the Lakes United Way
CONFIDENTIAL

Geographic Area: Ashland – Bayfield Greater Duluth North Shore Superior-Douglas County

Name on Credit Card: _____ Company: _____

Credit Card Billing Address: _____ Billing Zip Code: _____

Phone #: _____ Email: _____

Credit Card Type: VISA _____ MasterCard _____ American Express _____ Discover _____

Credit Card #: _____ Expiration Date: _____ Security Code: _____
(mm/yyyy) (3-4 digits on back of card)


Amount: \$ _____ Reason for Transaction: _____

Comments: _____

Office Use Only Date Received: _____ Form completed by: _____
 Date Processed: _____ CC Charge processed by: _____

7.2.4 Organization Pledge Card

Organizations wishing to make a “corporate” or company gift at the management or organizational level should complete and include this form in the final campaign envelope:

ORG PLEDGE CARD	COMPANY/ORG NAME _____		LIVE UNITED		
	CONTACT NAME _____		United Way 		
	ADDRESS _____				
	CITY _____	STATE _____	ZIP _____		
	PHONE _____	EMAIL _____			
	CHOOSE GEOGRAPHIC AREA/S FOR COMPANY GIFT (Indicate dollar amount OR percentage per area if applicable).		\$ _____	TOTAL ANNUAL PLEDGE	<input type="checkbox"/> PAYMENT ENCLOSED
	<input type="checkbox"/> ASHLAND-BAYFIELD _____ \$/%	—	\$ _____	PAYMENT ENCLOSED	<input type="checkbox"/> MONTHLY
	<input type="checkbox"/> GREATER DULUTH _____ \$/%	—	\$ _____	TOTAL AMT DUE	<input type="checkbox"/> QUARTERLY
	<input type="checkbox"/> NORTH SHORE _____ \$/%	=	\$ _____		<input type="checkbox"/> ANNUALLY
	<input type="checkbox"/> SUPERIOR-DOUGLAS CNTY _____ \$/%				BEGINNING: _____ MM/YY
AUTH SIGNATURE _____		DATE _____			
		THANK YOU!		Head of the Lakes United Way 424 West Superior St. 4-402 Duluth, MN 55802 Duluth: 218-726-4770 Superior: 715-394-2733 www.hlunitedway.org Make checks payable to United Way. No goods or service fees been provided for contributions received. PRINTED IN HOUSE	

Please note, all of our forms can be found on our website, along with all of the resources mentioned in this guidebook.

Please visit our website at hlunitedway.org

You may also contact us at **(218) 726-4770** if you have any questions. Individual staff member contact information can be found on page 5 of this book. We are happy to help!

7.2.5 Campaign Summary Envelope

Head of the Lakes United Way
CAMPAIGN REPORT ENVELOPE

To ensure accuracy, please complete this form as completely as possible.



424 West Superior St. #402
 Duluth, MN 55802
 Duluth: 218-726-4770
 Superior: 715-394-2733
 www.hlunitedway.org

THIS REPORT IS: PARTIAL FINAL

- Enclosed in this envelope:**
- United Way pledge forms - 1 per donor. Cash, checks, credit card forms and/or designation forms are attached as needed. (Go to www.hlunitedway.org/give to print additional forms.)
 - Company/organization pledge card, signed, with pledge indicated and/or donation enclosed.
 - Completed "Workplace Campaign Survey" with corrections and updates indicated.

ASHLAND-BAYFIELD GREATER DULUTH NORTH SHORE SUPERIOR-DOUGLAS COUNTY

STEP 1. COMPANY INFORMATION

PLACE ADDRESS LABEL HERE (OPTIONAL)

Organization name: _____ # Employees: _____
 Envelope completed by: _____ Date: _____
 Email: _____ Phone: _____

STEP 2. LEADERSHIP SOCIETY DONATION INFORMATION

Please check if there are Lake Superior Leadership Society pledges enclosed (\$1,000 or more). Include these numbers in the employee contribution summary section.

Number of Leadership Donors: _____ Leadership Dollar Amount: \$ _____

STEP 3. PAYMENT SCHEDULE

Payment for the Company/Organization Gift begins _____ and will be paid:
 Monthly Quarterly Semi-annually One-time

Payment for the Employee Payroll Deduction begins _____ and will be paid:
 Monthly Quarterly Semi-annually One-time

STEP 4. CONTRIBUTION SUMMARY

	AMOUNT PLEDGED	AMOUNT ENCLOSED
A. COMPANY/ORGANIZATION GIFT	\$	\$
B. WORKPLACE SPECIAL EVENTS CASH: \$ _____ CHECK: \$ _____	\$	\$
EMPLOYEE CONTRIBUTIONS (With pledge cards enclosed)	NUMBER OF DONORS	AMOUNT PLEDGED
Cash	\$	\$
Check	\$	\$
Payroll Deduction	\$	\$
Direct Bill/Securities	\$	\$
Credit Card	\$	\$
Online Giving	\$	\$
C. TOTAL EMPLOYEE GIFTS	\$	\$
TOTAL ALL GIFTS (A+B+C)	\$	\$

Before submitting this envelope:

- Check ALL pledge forms for:
 STEP 1. Complete donor contact information
 STEP 2. Preferred Geographic Area indicated
 STEP 3. Total annual pledge
 STEP 4. Pledge form signed and dated
- If payment method is "credit card," verify that a credit card form is filled out correctly and attached to the pledge form.
- Verify that all checks are made out to *United Way*.
- For Payroll Deduction, give a copy of the completed pledge form to your payroll dept.
- Complete the total number of donors and dollars for each category.
- Verify the total number of people employed by your organization.

FOR UNITED WAY USE ONLY

Auditor's Initials	
Date	
Cash	
Checks	
Payroll	
To be billed	
Credit Card/Online	
Stocks/Securities	
TOTAL	

Cashier's Initials	
Date	
Cash	
Checks	
Payroll	
To be billed	
Credit Card/Online	
Stocks/Securities	
TOTAL	

Entered by Initl.		
Processed Date		
Andar Env #	ABC#	GDC#
	NSC#	SDC#
Cmpn Adt Pg #		

Please complete ALL sections!