



Head of the Lakes
UNITED WAY

PLEDGE FORM

218.726.4770 | hlunitedway.org

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MY INFORMATION

First Name: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Union Member at: _____

Phone: _____ ☐ PERSONAL ☐ WORK Email: _____ ☐ PERSONAL ☐ WORK

Combined gift with (spouse/partner name): _____

Optional: ☐ I am a new hire ☐ I plan to Retire (mm/yy) _____

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MY IMPACT

☐ PAYROLL DEDUCTION

I want to donate the following amount **per pay period**:

☐ \$50 ☐ \$25 ☐ \$10 ☐ \$5

☐ Other amount \$ _____

My pay Period:

☐ Weekly (52 per year)

☐ Twice a month (24 per year)

☐ Every other week (26 per year)

☐ BILL ME

Please send me an invoice:

☐ Quarterly

☐ One Time on (mm/yy): _____

**TOTAL ANNUAL
CONTRIBUTION:**

\$ _____

☐ DIRECT GIFT

☐ Cash \$ _____

☐ Check (Make payable to Head of the Lakes United Way) \$ _____

Check # _____ Date: _____

☐ DONATE ONLINE AT

hlunitedway.org or scan QR code

☐ CONTACT ME

☐ Please contact me about stocks and securities

☐ Please contact me to make a credit card donation



* Designation forms and additional information about online giving can be found at hlunitedway.org. A complete designation form must be attached to your pledge form to be honored.

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MY SIGNATURE:

Date: _____

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ADDITIONAL INFORMATION (OPTIONAL)

DONATION DESIGNATION AREA:

☐ Area of Greatest Need _____ \$/%

☐ Ashland & Bayfield Counties _____ \$/%

☐ Greater Duluth Area _____ \$/%

☐ Lake & Cook Counties _____ \$/%

☐ Superior - Douglas County _____ \$/%

☐ I WOULD LIKE TO STAY ANONYMOUS.

YOUR AGE RANGE:

☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75 & older

I AM INTERESTED IN LEARNING MORE!

Please add me to the HLUW Email List:

☐ General HLUW newsletter

☐ Volunteer Opportunities (The Scoop)

I'd like to think long term. Please contact me about:

☐ Endowment gifts

☐ Estate planning

THANK YOU FOR YOUR SUPPORT!

THANK YOU for your contribution to the Head of the Lakes United Way (HLUW) campaign. No compensation, goods or services have been given to the donor from HLUW in return for this contribution. If HLUW has any questions about your contribution, you will be contacted at the above phone number/email address.

If you cannot be contacted and/or do not respond, you authorize HLUW to direct your gift to the area of greatest need. If no geographic area is selected, undesignated gifts will be applied to the area of greatest need. We respect your privacy and do not share your personal information with third parties. Please retain a copy of this form for your tax records. For payroll deductions, you will need your pay-stub or W-2 showing total amount withheld.

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