PLEDGE FORM





YOU ARE MAKING A DIFFERENCE, RIGHT HERE IN BERKSHIRE COUNTY

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Your information is required but will be kept confidential and will not be sold or shared (please print clearly).				
Name Employer				
Phone (check preferred) Work	□ Cell	□ Cell □ Home		
Email (check preferred) □ Work	□ Personal			
Home Address	City	State Zip		
☐ I prefer that my gift remain anonymous ☐ Donor Recognition Name(s)				
☐ I plan to retire and want to keep in touch. My retirement date is				
YOUR WORKPLACE CONTRIBUTION HELPS: PUT BOOKS INTO THE HANDS OF KIDS	YOUTH BUILD IMPROVE FOOD CONNECT FAI LIFE SKILLS ACCESS TO RESOURCE	ADVOCATE FOR MENTAL CONTROL HEALTH SUPPORTS		
MY INVESTMENT				
EASY PAYROLL DEDUCTION I want to contribute the following amount each paycheck: □\$20 □\$10 □\$5 □\$2 □\$1 □ other Number of pay periods per year: □12 months □26 bi-weekly □52 weeks □ other Total Amount Yearly = \$	One-time annual donation of \$to be paid by: Cash Check (to Berkshire United Way) Credit or Debit Card Please enter your credit card information on our secure website, berkshireunitedway.org/donate, or call Gretchen Weber at	nors/households that contribute 000 or more annually are recognized members of the Greylock Society. Please combine my gift with my spouse/partner ouse/Partner Name		
I CHOOSE TO DESIGNATE MY GIFT TO HELP				
□ invest in ALL programs to have a maximum local impact OF	prepare children and □ support well-being □ v	working families		
□ I am interested in volunteer opportunities. You can also visit our Volunteer Center at www.volunteerberkshireuw.org. PLEASE SIGN YOUR NAME (required) DATE				

Berkshire United Way is a 501(c)3 organization. No goods or services are provided in exchange for this donation. If donating through payroll deduction, donors should use their year-end pay stub to show the actual amount donated within a calendar year. Consult your tax advisor for more information.

OUR VISION FOR A THRIVING COMMUNITY

When you have access to the services and support you need to be safe, healthy, and financially secure, you can achieve your goals.

YOUR CONTRIBUTION SUPPORTS THESE ORGANIZATIONS

18 Degrees
Barrington Stage Company
Berkshire County Head Start
Berkshire County Kids' Place and
Violence Prevention Center
Berkshire Hills Regional School
District
Berkshire HorseWorks
Berkshire Nursing Families
Berkshire Pulse
Berkshire South Regional Community
Center

Berkshire Theatre Group
Central Berkshire Habitat for Humanity
Child Care of the Berkshires
Community Health Programs
Dalton Community Recreation
Association
Elizabeth Freeman Center
Flying Cloud Institute
Gladys Allen Brigham Community
Center
Greenagers
Lee Youth Association

Literacy Network of South Berkshire
National Alliance on Mental Illness
(NAMI) Berkshire County
Pediatric Development Center
Railroad Street Youth Project
Roots & Dreams and Mustard Seeds
Roots Rising
R.O.P.E. | Rites of Passage +
Empowerment
Volunteers in Medicine Berkshires

AGENCY DESIGNATION INFORMATION

Pledge must be a minimum of \$52 to be designated

☐ Northern Berkshire United Way	☐ Williamstown Community Chest	☐ Other 501(c)3 organization*
* Please complete this section if you are des	ignating all or a portion of your gift to another	501(c)3 organization.
\$ 501(c)3 Organization Nar	ne:	
Address:	Federal	Tax ID#:
City: State Zip:	Phone:	
		eted pledges may be applied. If a charity is not a 501(c) or your designation is less than \$52, we will apply your

CONTACT

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donation to the BUW general fund. Processing of designations is not an endorsement of any charity.

