



RETIREE PLEDGE FORM

First Name	Middle Name	Last Name
Street Address		
City	State	Zip Code
MSU ID (APID or ZPID)	Phone	Email

MSU Contribution Level		
<input type="radio"/> \$1,000 or more - MSU Leadership Giver	<input type="radio"/> \$100-249 - MSU Bronze Donor	<b>TOTAL GIFT AMOUNT: \$ _____</b>
<input type="radio"/> \$500-999 - MSU Gold Donor	<input type="radio"/> \$1-99	
<input type="radio"/> \$250-499 - MSU Silver Donor	<input type="radio"/> No Thank You - I do not choose to contribute at this time.	

Payment Method	
<input type="radio"/> <b>Cash</b> <input type="radio"/> <b>Check</b> (Payable to S. Central MI-Capital Area) <input type="radio"/> <b>Credit Card</b> (Please call 517-203-5000 or visit <a href="https://fundraise.givesmart.com/e/w5EyyA?vid=14guby">https://fundraise.givesmart.com/e/w5EyyA?vid=14guby</a> )	<input type="radio"/> <b>Bill Me</b> <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi Annually <input type="radio"/> Annually/Once (Please Provide Date) ____ / ____ / ____

To designate your gift, please choose the options below - (Minimum \$50 for Option 2 & 3)	
<b>Option 1 - United Way of South Central Michigan-Capital Area</b> <input type="checkbox"/> 0900 LIVE UNITED Fund Amount \$ _____ <input type="checkbox"/> 0915 Health/Basic Needs Amount \$ _____ <input type="checkbox"/> 0916 Financial Stability Amount \$ _____ <input type="checkbox"/> 0914 Education Amount \$ _____ <input type="checkbox"/> 0907 Women United Amount \$ _____ <input type="checkbox"/> 0909 2-1-1 Referral/Help Call Center Amount \$ _____	<b>Option 2 - Specific Organization</b> (For participating organizations and codes, please visit <a href="http://msuccc.msu.edu/pdfs/MSUSharesAgencies.pdf">http://msuccc.msu.edu/pdfs/MSUSharesAgencies.pdf</a> ) Code _____ Amount \$ _____ (\$50 min) Code _____ Amount \$ _____ (\$50 min) Code _____ Amount \$ _____ (\$50 min) Code _____ Amount \$ _____ (\$50 min) Code _____ Amount \$ _____ (\$50 min)

Option 3 - Organization NOT listed in the MSU Agency List (must meet IRS 501(c)(3) requirements)	
Organization Name: _____	
Address: _____	
Phone: _____	Amount \$ _____ (\$50 min)
Organization Name: _____	
Address: _____	
Phone: _____	Amount \$ _____ (\$50 min)

Thank You! Please Sign and Date	
Signature: _____	Date: _____
<input type="checkbox"/> Check here if you would like to receive UW S.C. MI-Capital Area e-newsletters and learn how your gift is helping local people.	