United Way of Greater Plymouth County



PLEDGE FORM

Employer (Company Name)	Employ	Employee I.D. Number			
PREFIX FIRST NAME		LAST			
HOME ADDRESS				APT	
CITY			STATE	ZIP CODE	
DATE OF BIRTH	PREFERRED PF	RONOUNS	PHONE NUMBER	<u> </u>	
Watch for our e-newsletter to see how year long. United Way uses e-mail add				te and Volunteer a	
EMAIL ADDRESS					
My Contribution					
YES! I want to Reimag	gine, Rebuild and Recove	r by making my gift	to the LIVE UNITED	RECOVERY F	
This option will ensure that my donat results. My donation will support initia					
Please rate the importance of the rec	Ğ	•			
	1	Not Important Very	Important		
Feeding Our Families (Health) Preventing Evictions & Ending Home	elessness (Financial Stability)	0 1 2 3 4 0 1 2 3 4	5 5		
Accessing Affordable Health Service		0 1 2 3 4	5		
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Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this donation. The United Way does not rent, sell or lend its donors' personal information. Your contribution will go to the LIVE UNITED Recovery Fund unless otherwise specified. Please keep a copy of this form for your tax records.



Thank you for supporting your neighbors in need!

Geographic Breakdown of Individuals Served by United Way of Greater Plymouth County FY2019

Total Individuals Served Across Service Area: 52,091*

Individuals served by 50 LIVE UNITED Initiatives, United Way's Family Center, Mass 211, and FamilyWize prescription savings partnership in 22 communities.

*Map does not include neighbors served with designated donations which were collected and allocated through our United Way workplace campaign efforts.

In light of the significant long term challenges for our neighbors resulting from **COVID-19**, United Way will be generating life saving resources through our annual campaign to be directed toward reimagining and rebuilding our communities. We are purposefully pivoting our work from emergency response to community recovery.

While we continue to focus our efforts on the interrelated pillars of **Education**, **Health** and **Financial Stability**, we will be addressing the community recovery initiatives for the foreseeable future.



Critical to our work in meeting these needs is the reality that for people of diverse racial backgrounds these challenges are greater and deeper in terms of their degree and complexity.

This means that we must direct significantly greater attention and enhance our sensitivity to the issues of race, equity and justice as we design our solutions to our communities' problems.

If you wish to direct your contribution to a specific 501(c) 3 Health or Human Services Agency, a minimum of \$50 per agency is required. **Verification of an agency's qualifications to receive designation must be completed before they are processed**. If the minimum designation is not met, or if we are unable to locate the designated organization, or if it is not a qualified organization, **your gift will automatically revert to the LIVE UNITED Recovery Fund**. A nominal administrative and fundraising fee will be applied to all gifts that are not directed to the LIVE UNITED Recovery Fund.

Agency Name			
Agency Addres			

934 West Chestnut Street Brockton, MA 02301 Phone: 508.583.6306 Fax: 508.584.0240 100 Armstrong Road Suite 203 Plymouth, MA 02360 Phone: 508.747.6160

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