



RETIREE PLEDGE FORM 2021

MSU Contribution Level Sticolor more - MSU Leadership Giver Sticolor S	RETIREE PLEDGE FORM 2021				
\$1,000 or more - MSU Leadership Giver \$\$00-249 - MSU Bronze Donor \$\$500-999 - MSU Gold Donor \$\$1-99					
\$500.999 - MSU Gold Donor	MSU Contribution Level				
Cash SBIII Me ○ Check (Payable to Capital Area United Way) Omorphis Monthly (Date of Please Call 517-203-5000 or visit https://www.micauw.org/civicrm/contribute/transact?id=32) Omorphis Monthly (Date of Please Provide Date) / I / I / I / I / I / I / I / I / I / I	S500-999 - MSU Gold Donor \$1-99 S250-499 - MSU Silver Donor No Thank You - I do not		TOTAL GIFT AMOU	JNT: \$	
Check (Payable to Capital Area United Way) Credit Card (Please call 517-203-5000 or visit https://www.micauw.org/civicrm/contribute/transact?id=32) Annually/Once (Please Provide Date) To designate your gift, please choose the options below - (Minimum \$50 for Option 2 & 3) Option 1 - Capital Area United Way 919 Covid Relief Fund 909 Live UNITED Fund Amount \$ Code Amount \$ (\$50 min) 0915 Health/Basic Needs Amount \$ Code Amount \$ (\$50 min) 0914 Education Amount \$ (\$50 min) 0914 Education Amount \$ (\$50 min) 0909 2-1-1 Referral/Help Call Center Amount \$ (\$50 min) 0909 2-1-1 Referral/Hel	Payment Method				
Check (Payable to Capital Area United Way) Oradit Card (Please call 517-203-5000 or visit https://www.micauw.org/civicrm/contribute/transact?id=32) To designate your gift, please choose the options below - (Minimum \$50 for Option 2 & 3) Option 1 - Capital Area United Way 1919 Covid Relief Fund 1990 LIVE UNITED Fund 2900 LIVE UNITED Fund 3900 LIVE UNITED Fund 3915 Health/Basic Needs 3914 Amount \$ Code 3915 Health/Basic Needs 3914 Amount \$ Code 3915 Health/Basic Needs 3914 Education 3914 Education 3915 Health/Basic Needs 3914 Amount \$ Code 3915 Amount \$ (\$50 min) 3916 Financial Stability 3916 Amount \$ (\$50 min) 3917 Women United 3907 Women United 3907 Women United 3909 Women United 3909 Women United 3990 Amount \$ (\$50 min) 3990 Women United 3990 Amount \$ (\$50 min) 3990 Women United 3990 Amount \$ (\$50 min) 3990 Women United 3990	○ Cash ○ B	ill Me			
Option 1 - Capital Area United Way 0919 Covid Relief Fund 0900 LIVE UNITED Fund Amount \$ Codes, please wish http://msucoc.msu.edu//GivingOptions) 0915 Health/Basic Needs Amount \$ Code	O Credit Card (Please call 517-203-5000 or visit Semi Annually				
O919 Covid Relief Fund Amount \$ codes, please visit http://msuccc.msu.edu/GivingOptions) O900 Live UNITED Fund Amount \$ (\$50 min) O915 Health/Basic Needs Amount \$ (\$50 min) O916 Financial Stability Amount \$ (\$50 min) O916 Financial Stability Amount \$ (\$50 min) O914 Education Amount \$ (\$50 min) O907 Women United Amount \$ (\$50 min) O909 2-1-1 Referral/Help Call Center Amount \$ (\$50 min) O909 2-1-1 Referral/Help Call Center Amount \$ (\$50 min) O7901 Code O7901	To designate your gift, please choose the options below - (Minimum \$50 for Option 2 & 3)				
Organization Name:	Option 1 - Capital Area United Way 0919 Covid Relief Fund 0900 LIVE UNITED Fund Amount \$ 0915 Health/Basic Needs Amount \$ 0916 Financial Stability Amount \$ 0914 Education Amount \$ 0907 Women United Amount \$	Option	n 2 - Specific Organization (For codes, please visit http://m	participating organizations and nsuccc.msu.edu/GivingOptions) \$(\$50 min) \$(\$50 min) \$(\$50 min) \$(\$50 min)	
Address: Phone: Amount \$ (\$50 min) Organization Name: Address: Phone: Amount \$ (\$50 min) Thank You! Please Sign and Date Signature: Date:	Option 3 - Organization NOT listed in the MSU Agency Lis	t (must me	et IRS 501(c)(3) requirer	nents)	
Organization Name: Address: Phone: Amount \$ (\$50 min) Thank You! Please Sign and Date Signature: Date:	Address:				
Address:	Phone:		Amount	\$ (\$50 min)	
Phone:Amount \$(\$50 min) Thank You! Please Sign and Date Signature:Date:					
Thank You! Please Sign and Date Signature: Date:	Address:				
Signature: Date:	Phone:		Amount	\$ (\$50 min)	
	Thank You! Please Sign and Date				