

United We Care

2021-22 Campaign

First Name: _____ Last Name: _____

Employee ID Number (required): _____ Date: _____

United Way of Rutland County Campaign

Option 1: Payroll Deduction <http://bit.ly/UnitedWeCare2021>

Option 2: Direct Gift My total contribution of \$_____ is enclosed

Check Payable to United Way of Rutland County Cash

Option 3: CTO Cash-In Contribution* I would like to donate _____ hours of CTO and contribute that full amount to the 2021 United Way of Rutland County campaign.

We Care Fund

Option 1: Payroll Deduction <http://bit.ly/UnitedWeCare2021>

Option 2: Direct Gift My total contribution of \$_____ is enclosed

Check Payable to Rutland Health Foundation/We Care Fund Cash

Option 3: CTO Cash-In Contribution* I would like to donate _____ hours of CTO and contribute that full amount to the 2021 Rutland Regional We Care Fund.

We Care For Our Community Fund

Option 1: Payroll Deduction <http://bit.ly/UnitedWeCare2021>

Option 2: Direct Gift My total contribution of \$_____ is enclosed

Check Payable to Rutland Health Foundation/We Care For Our Community Fund Cash

Option 3: CTO Cash-In Contribution* I would like to donate _____ hours of CTO and contribute that full amount to the 2021 Rutland Regional We Care Fund.

* **CTO Donation:** Combined time off is taxable income. You need to consider state/federal taxes when determining the total donation that you wish to make. Consult your tax advisor for more information.

Signature: _____ Date: _____

Your signature is required on all pledges.

Please return this form to the Rutland Health Foundation by 11/29/21 via interoffice mail or to 160 Allen Street, Rutland, VT 05701. Payroll deductions will begin on January 6, 2022 and can be spread over 26 pay periods ending in December 2022, or until you have fulfilled your desired pledge amount.

Thank you for your contribution to the United Way of Rutland County, Rutland Regional's We Care Fund and/or We Care for Our Community Fund. No compensation, goods, or services were provided to you in return for this contribution. This form, along with a cancelled check (*if you are making a direct contribution*) will satisfy the IRS regulations regarding charitable gifts.

Please keep a copy of this form for your tax records. You will also need a copy of your pay stub – W-2 or other document showing the amount withheld and paid to United Way of Rutland County, Rutland Regional's We Care Fund and/or We Care for Our Community Fund. Consult your tax advisor for more information.

For questions regarding this form or your tax-deductible gift, please call the Rutland Health Foundation at 802.772.2458.

