



MR/MRS/MS/DR FIRST NAME MIDDLE LAST NAME (_____) HOME PHONE

HOME ADDRESS CITY STATE ZIP

E-MAIL ADDRESS EMPLOYER

Please help reduce administration costs by including your email address for future United Way updates. Your email address and personal information is held in strict confidence.

MY TOTAL ANNUAL GIFT = \$ _____

PLEASE SELECT PAYMENT OPTION(S):

- PAYROLL DEDUCTION** in equal installments: \$ _____ per pay period
My pay period is: 52 (weekly) 26 (bi-weekly) 24 (semi-monthly) Other: _____
- CHECK** (attach check made payable to United Way) Check No: _____
- CREDIT CARD:** American Express Visa MasterCard Discover
 Charge quarterly or Charge once (specify when you wish to be charged): _____/_____
Credit Card No: _____ Expiration Date: _____/_____
month year month year
- DEBIT ACCOUNT** On the 15th of every month (12 equal payments only): Checking Savings
Account No: _____ Bank Routing No: _____
- STOCK GIFT** Name of Stock: _____
(please call your local United Way before transferring stock)
Approximate number of shares: _____ Approximate date of gift: _____/_____
month year

X _____
PLEASE SIGN HERE TO AUTHORIZE YOUR PLEDGE

Thank you for building a stronger community and improving lives.

OPTIONAL

You may designate all or part of your gift to your local United Way or a United Way-funded agency.

A minimum designation of \$50 per agency is required to keep administrative costs low. Designated agency must be registered as a non-profit health and human service agency with 501(c)(3) tax status. As with all United Way contributions, the cost of administration, raising and distributing funds is deducted.

United Way or United Way-funded Agency Name: _____ Amount \$ _____

Address: _____ City: _____ State: _____ Zip: _____