

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™



United Way of Russell and Washington Counties

Special Thanks To Our Corporate Partners

Alpha Natural Resources
Food City
Universal Fiber Systems

United Way Pledge Form

MR/MRS/MS/DR FIRST NAME MI LAST NAME
 HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY
 STATE ZIP MOBILE PHONE (Please provide your mobile number to receive Mobile Alerts.)
 COMPANY NAME

I'm a loyal contributor for _____ years. Please register me for the **United Way Loyal Contributor Program.**

I would like to learn more about the **United Way Planned Giving Program.**

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS * _____

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

EASY PAYROLL DEDUCTION

My total annual gift

AMOUNT \$ _____

- A. I want to contribute the following amount each pay period:
 \$25 \$10 \$5 \$2 Other \$ _____
- B. I am paid: Weekly (52 times)
 Every 2 Weeks (26 times)
 Twice a Month (24 times)
 Monthly (12 times)
- C. FOR A TOTAL YEARLY PLEDGE OF: \$ _____ (AxB=C)

DIRECT GIFT

AMOUNT \$ _____

Direct gift to be paid by:

- Cash (enclosed) \$ _____
- Personal check (enclosed) Check #: _____
- Bill Me At Home \$ _____
 Please complete the top portion with your home address. You will be billed on a quarterly basis. Payments can be made by cash, check or credit card.
- Credit Card One-Time Payment \$ _____
 Visa Mastercard
 Acct.# _____ Exp. Date ____/____/____

MY GIFT OF \$1,000 OR MORE

qualifies me for membership in the Leadership Giving Society. My name will be listed as it appears above.

AMOUNT \$ _____

- Please list my/our name(s) as follows:

- I prefer that my gift remain anonymous.

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

Option A _____

INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund. Investing in...

The most powerful way to invest your contribution.

AMOUNT \$ _____

EDUCATION Helping children and youth achieve their potential through education

- Making sure children enter kindergarden **developmentally** on track
- Preparing students to **succeed** in later grades and to **graduate** from high school
- Successfully transitioning children from high school to college and the **working** world

INCOME Helping families become financially stable and independent

- Building families **savings** to deal with unexpected, unbudgeted expenses
- Increasing financial management **knowledge** and **skills** to families
- Helping individuals retain employment and **advance** in their careers

HEALTH Improving people's health

- Increasing **youth** fitness and health awareness
- Making sure women's maternal health and infants well-being start off in the **right** direction
- Increasing the number of youth who are **healthy** and avoid risky behaviors

Option B _____

Gift to Another United Way

UNITED WAY NAME

AMOUNT \$ _____

Signature to Authorize Pledge (Required)

Signature _____ Date _____

Please check the accuracy of all your entries. Thanks for investing in United Way.

Thank you for your contribution to the United Way campaign. No goods or services were provided in exchange for this contribution. 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 employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.