

Empty box for Donor number



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 HOME/CELL PHONE (123) 456-7890 WORK PHONE (123) 456-7890

EMPLOYER BIRTHDAY MM/DD/YYYY GENDER MALE FEMALE OTHER

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:

\$50 \$25 \$10 \$5

Other \$

B. My pay periods are

Weekly (52 pays) Bi-Weekly (26 pays) Semi Monthly (24 pays) Monthly (12 pays)

DIRECT GIFT

AMOUNT \$

Direct gift to be paid by:

- Cash
- Personal check (enclosed, payable to United Way NSV) Check Number: _____
- Direct Bill Please bill me Once Quarterly
- Credit Card (Give online at UnitedWayNSV.org/give)

Register me for the **United Way Loyal Contributors Program** I have been contributing to United Way for ____ years.

MY GIFT OF \$250 OR MORE qualifies me for the Society of Emerging Leaders (Under 40 years old)

MY GIFT OF \$1000 OR MORE qualifies me for Women United.

MY GIFT OF \$500 OR MORE qualifies me for membership in the Shenandoah Heritage Giving Society. My name will be listed as it appears above.

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

I prefer that my gift remain anonymous.

YOUR INVESTMENT:

— option A —

INFLUENCE THE CONDITION OF ALL

United Way Community Impact Fund

Make your gift where it is needed most

AMOUNT \$

Option to designate to specific United Way program types within the Impact Fund:

EDUCATION Help children and community members to reach their full potential

AMOUNT \$

FINANCIAL STABILITY Provide support services to meet community emergency needs and economic self-sufficiency

AMOUNT \$

HEALTH Improve people's overall well-being.

AMOUNT \$

— option B —

VALLEY ASSISTANCE NETWORK United Way NSV's resource center, helping people access support services

AMOUNT \$



— option C —

Restricted Contribution

AGENCY NAME AND ADDRESS (OR AGENCY CODE)

AMOUNT \$

Signature

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

Thank you for your contribution through 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. I understand pledges to designated agencies must be eligible to receive charitable contributions. A processing fee will be applied.