

PLEDGE FORM



YOUR INFO

Name: _____ Employer: _____

Home Address: _____ City/Zip: _____

Email: _____ Phone: _____

Check here if you'd like your gift to be anonymous

YOUR GIFT

Payroll Deduction:

\$_____ per pay period

Total Annual Gift: \$_____

Weekly (52)

Bi-weekly (26)

Semi-Monthly (24)

Monthly (12)

One Time

Gift Enclosed:

Total Gift Amount: \$_____

Cash

Check

Auto Debit/Bank Draft
(check here to request form)

Credit Card
(click "Donate Now" button at
www.uwhmc.org)

Bill Me:

\$_____ per bill

Total Annual Gift: \$_____

Monthly

Quarterly

Semi-annually

Once

YOUR IMPACT

General Support Fund - use my gift where it's needed most

United Way's Focus Areas (\$ or %):
Youth Opportunity _____ Healthy Community _____
Financial Security _____ Community Resiliency _____

Dolly Parton Imagination Library (Harvey only) - sponsor a child for \$26/per year (\$ or %): _____

Please send my gift to a United Way in another community _____

I am interested in volunteer opportunities with United Way or in the community.

Signature: _____

Date: _____

500 N Main St, Ste 206, Newton, KS 67114
316.283.7101 info@uwhmc.org

