

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 Impact Areas (\$ or %):

Youth Opportunity _____ Healthy Community _____ Financial Security _____ Community Resiliency _____

☐ United Way's Initiatives (\$ or %):

Health & Well-being _____ Housing _____ Childcare _____ Resource Navigation _____

☐ 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: _____

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