



PLEDGE FORM

STEP 1:

MR/MRS/MS/MISS/DR FIRST NAME MI LAST NAME
 HOME ADDRESS CITY
 STATE ZIP HOME PHONE DAYTIME PHONE
 COMPANY NAME
 E-MAIL ADDRESS (You will receive a monthly e-newsletter as a **FREE** gift to see what your donation is doing in your community.)

STEP 2:

CHOOSE A PAYMENT OPTION

EASY PAYROLL DEDUCTION

A. I want to contribute the following amount each pay period:

- \$40 \$20 \$10 \$5
 OTHER \$ _____
 FAIR SHARE \$ _____ (must specify)



B. I am paid:

- WEEKLY (52 times) TWICE A MONTH (24 times)
 EVERY 2 WEEKS (26 times) MONTHLY (12 times)



C. For a total yearly pledge of:

TOTAL GIFT (A x B = C)

DIRECT GIFT

Cash (enclosed) \$ _____ OR Personal Check (enclosed) Check # _____ = TOTAL GIFT
*Please make check payable to United Way of Southwest Virginia
 One-Time Credit Card Payment \$ _____ Visa Mastercard = TOTAL GIFT
 Acct. # _____
 Exp. Date ____/____/____

BE A LEADERSHIP GIVER!

- \$10,000 + (Tocqueville)
 \$5,000 - \$9,999 (Gold Quill)
 \$2,500 - \$4,999 (Silver Quill)
 \$1,000 - \$2,499 (Bronze Quill)
 \$500 - \$999 (Pillar Society)

List my/our name(s) in recognition publications as indicated below.

I prefer NOT to be listed in recognition publications

STEP 3:

PLEASE CHOOSE WHERE YOU WANT TO INVEST IN YOUR COMMUNITY.

- Part 1 - **Influence The Condition Of All.** United Way Community Impact Fund Investing in...
 Education: Helping children and youth achieve their potential through education
 Income: Helping families become financially stable and independent
 Health: Improving people's health
 ALL

- Part 2 - **Select the Community(s) You Want Your Gift to Impact**
 Bland County, VA Smyth County, VA
 Buchanan County, VA Tazewell County, VA
 Carroll County, VA Washington County, VA
 Dickenson County, VA Wise County, VA
 Grayson County, VA City of Galax, VA
 Lee County, VA City of Norton, VA
 Russell County, VA ALL
 Scott County, VA

Gift to Another United Way
 OTHER UNITED WAY NAME

Contributions to non-partner agencies will be redirected to the Community Impact Fund. A fundraising and processing fee will be deducted from each designation in accordance with the United Way Worldwide Membership Standards.

Signature _____ Date _____

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

Thank you for your contribution to United Way. 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.