REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL
LIVE UNITED
United Way of Hall County

United Way Pledge Form

MR/MRS/MS/DR FIRST NAME MI LAST NAME

HOME ADDRESS (For acknowledgement/direct bill, address listed must be your billing address.)

CITY STATE ZIP

DAYTIME PHONE DATE OF BIRTH

I would like to receive an acknowledgement for my gift (for gifts of $25 or more; must provide your mailing address).

O Want to see how your contribution is making a difference? Please provide your email address so we can communicate how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long. Personal information including email address is never shared with third parties.

EMAIL ADDRESS *

When YOU give a weekly gift of:

- $2 Three people without medical coverage have access to a doctor
- $5 An abused child has an advocate to help ensure they have a safe and permanent home
- $10 A child who has been a victim of sexual abuse receives treatment to promote healing
- $20 Seventeen families have access to a week’s worth of food
- $50 Six children with special needs attend a summer intervention program

Loyal Contributors- Please help us identify individuals who have been contributing to United Way for 5 years or longer?

I have contributed to United Way for:

- 0 5 - 9 years
- 0 10 - 19 years
- 0 20 or more years
- 0 ______________ years

O EASY PAYROLL DEDUCTION

I want to contribute the following amount each pay period:

☐ $5 ☐ $10 ☐ $25 ☐ $50

Other $

My total annual gift

TOTAL AMOUNT $

O CASH GIFT

TOTAL AMOUNT $

Direct gift to be paid by:

☐ Cash Amount $

☐ Personal check # (please make check payable to United Way of Hall County)

☐ Direct Bill in amount of $

($100 minimum, billing address must be provided)

☐ Monthly ☐ Quarterly

O A GIFT of $500 or more from a donor in their 20's, 30's or 40's qualifies for Young Leaders Society.

Please list spouse for joint recognition (if applicable):

☐ I prefer that my gift remain anonymous.

O I prefer to designate my contribution to a United Way of Hall County partner agency or another United Way ($25 minimum)

AMOUNT $

United Way/agency name (listed on back)

Signature / Date

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

Thank you for your contribution through the United Way of Hall County 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 payroll W-2 or other employer documents showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

White Copy- United Way of Hall County

Yellow Copy- Employer

Pink Copy- Employee