



Pledge Form

STEP 1 MY INFORMATION (Please Print Clearly)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name _____

Employer _____

Home Address _____

Phone (preferred) _____

City / State / Zip _____

Email (preferred) _____

STEP 2 GIVE. (Choose an option below)

Payroll Deduction Option

I would like to give

\$ _____ per pay period

My total gift \$ _____

I receive my paycheck:

- ☐ Weekly (x 52)
☐ Every 2 weeks (x 26)
☐ Twice a month (x 24)
☐ Monthly (x 12)
☐ Other (x _____)

Fair Share Option

I would like to give one hour's pay

Per month \$ _____ x _____ # of pay periods,

For a total yearly pledge of \$ _____

Direct Billing Option

I would like to give

\$ _____ (total amount) _____ (Month Preferred)

☐ Bill me: Once _____

☐ Bi-annually (2 times)

☐ Quarterly (4 times)

One Time Gift Option

My gift in the amount of \$ _____ is enclosed.

Please make check payable to:
United Way of West Georgia, Inc.

Credit / Debit Card Option

☐ Visa ☐ MasterCard ☐ American Express

\$ _____ (total amount to be charged)

Name on Card _____

Card # _____

Exp. Date _____ CVC/CVV code _____

Charge frequency: ☐ Once ☐ Monthly (12) ☐ Quarterly (4)

(Month Preferred to start) _____

I hereby authorize United Way of West Georgia to initiate this recurring transaction beginning in January or month indicated above. This recurrence will continue until paid in full.

Signature _____ Date _____

STEP 3 DESIGNATION

I want to designate my gift as indicated below:

☐ I want trained United Way volunteers to distribute my gift to those in our community who need it most.

☐ I prefer to designate my gift to a United Way Partner Agency _____

(A minimum of \$25 is required for designations.)

STEP 4 LEADERSHIP

My gift of \$500 or more qualifies me for the COMMUNITY BUILDERS LEADERSHIP GIVING SOCIETY

- ☐ Cornerstone Level \$ 500 - \$ 999
☐ Column Level \$ 1,000 - \$ 2,499
☐ Arch Level \$ 2,500 - \$ 4,999
☐ Keystone Level \$ 5,000 - \$ 10,000+

☐ My gift equals \$500 or more when combined with my spouse/partner gift of \$ _____.

Spouse/Partner Name _____

Spouse/Partner Employer _____

☐ I'd like to be a part of the **Women's Leadership Council**. (Women who contribute an annual gift of \$500+ or combined gift with their spouse/partner of \$500+)

PLEASE LIST MY NAME AS IT APPEARS ABOVE OR AS FOLLOWS:

Preferred Recognition Name _____

☐ I prefer that my gift remain anonymous

ADVOCATE.

☐ Sign me up for United Way of West Georgia's electronic correspondence using the preferred email above.

VOLUNTEER.

☐ I would like to donate my time by volunteering.

STEP 5

Sign Here

Signature _____ **Date** _____

Thank you for your contribution to United Way of West Georgia

Gifts made to United Way of West Georgia, Inc. are tax deductible within the limits of the current law. Giving is a personal decision. United Way has a strong policy against coercion. United Way respects your privacy and does not rent, trade or sell lists of donors. No goods or services have been given, in whole or part, for this contribution. To comply with new IRS regulations, if you contribute by payroll deduction, you will not receive a tax letter as your pay stub will serve as tax documentation.