

# United Way Pledge Form

Making a difference in our community is as easy as 1-2-3!



## 1 MY INFORMATION

Please print

Mr./Ms./Mrs./Dr. First Name Middle Initial Last Name Suffix Gender

Home Address Apt #

City State Zip Home Phone

Preferred Email (for newsletter updates) Please tell us how long you have supported United Way

Employer Work Phone

United Way only uses personal information to acknowledge your gift, provide necessary tax receipts and communicate how your gift is helping. Information is not sold or shared.

## 2 MY GIFT

Total Annual Gift Amount: \$ \_\_\_\_\_

Payroll Deduction: \$ \_\_\_\_ per pay X \_\_\_\_ number of pay periods = \$ \_\_\_\_\_ Total Gift

I authorize my employer to deduct my contribution per pay period.

One-time Payroll Deduction: I authorize my employer to deduct my full gift, one-time.

Check (Make payable to United Way & attach) Check # \_\_\_\_\_

Cash (attach)

*United Way is working to make a positive impact in your community. If your community is in another county indicate it here, otherwise your donation will go to work in the county of your workplace.*

- |                                   |                                    |                                     |                                      |
|-----------------------------------|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Benton   | <input type="checkbox"/> Dickson   | <input type="checkbox"/> Maury      | <input type="checkbox"/> Williamson  |
| <input type="checkbox"/> Cannon   | <input type="checkbox"/> Humphreys | <input type="checkbox"/> Rutherford | <input type="checkbox"/> Wilson      |
| <input type="checkbox"/> Davidson | <input type="checkbox"/> Macon     | <input type="checkbox"/> Sumner     | <input type="checkbox"/> Other _____ |

## 3 SIGN & DATE

**Thank You!** Please sign and return your pledge card to your workplace Employee Campaign Manager.

Signature Required Date

Leadership Giving (List spouse/partner if total combined gift is \$500 or more)  Check here to remain anonymous

Name Spouse/Partner's Employer Gift Amount

Optional: Complete only if you wish to provide specific donation instructions.

**United Way's Community Care Fund** - supports all partner agencies & programs \$ \_\_\_\_\_  
Let the expertise of United Way and its community volunteers work for you.

You may also designate to a specific Focus Area:  Education \$ \_\_\_\_\_  Income \$ \_\_\_\_\_  Health \$ \_\_\_\_\_

**A minimum gift of \$52 is required in order to designate outside of our Partner Agencies and other United Ways.**

Other 501(c)3 Health & Human Service Organization: \_\_\_\_\_ \$ \_\_\_\_\_