United Way Pledge Form
Making a difference in our community is as easy as 1-2-3!

1. MY INFORMATION

Please print

<table>
<thead>
<tr>
<th>Mr./Ms./Mrs./Dr.</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Gender</th>
<th>Apt #</th>
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<tbody>
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<td>Home Address</td>
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<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Home Phone</td>
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Preferred Email (for newsletter updates)

Please tell us how long you have supported United Way

Employer

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.

☐ Benton  ☐ Dickson  ☐ Maury  ☐ Williamson
☐ Cannon  ☐ Humphreys  ☐ Rutherford  ☐ Wilson
☐ Davidson  ☐ Macon  ☐ Sumner  ☐ 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 Investment 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 $ _____  ☐ Financial Stability $ _____  ☐ 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: _______________________________________________ $ _____

White Copy=United Way  Yellow=Employer  Pink=Donor keep for tax records  No compensation, goods or services were given in return for this contribution.