

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



**United Way  
of Williamson County**

**#1 MY INFORMATION** (Please Print)

School District: \_\_\_\_\_

Location: \_\_\_\_\_

(Circle One) Mr. Ms. Mrs. Dr.

Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*United Way only uses personal information to acknowledge your gift, provide necessary tax receipts and communicate how your gift is helping through our e-newsletter. This information will not be shared or sold.*

**Thank You!**

**#2 MY GIFT**

**Total gift amount: \$** \_\_\_\_\_

**Payroll Deduction:** \$ \_\_\_\_\_ per pay period x number of pay periods = Total  
• Franklin Special School District = 20 pay periods November-August  
• Williamson County Schools = 17 pay periods October-June

**One-time Gift:** \$ \_\_\_\_\_ attached (cash/check # \_\_\_\_\_ )

**#3 SIGN & DATE**

Please sign and return your pledge form to your Campaign Manager.

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date

Leadership Giving (for pledges of \$500 and up)

Please list my/our name(s) in any United Way recognition as indicated below.

Check here to remain anonymous.

*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.* \$ \_\_\_\_\_

Or 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: \_\_\_\_\_