United Way Pledge Form



Date

MY INFORMA	TION			Please Print
Mr./Mrs./Ms./Dr.	First Name		Last Name	Suffix
Home Street Addres	22			Apt. #
	-			F
City		State	Zip	Home/Cell Phone
Preferred Email (for	newsletter updates)			Work Phone
Employer United Way only uses per	rsonal information to acknowledge your gi	ft, provide tax receipts, a	nd communicate how UWSC is usir	ng your gift. Information is not sold or share
MY GIFT				
One-time gift	tion of \$ per with a check made payable to U with cash (paperclip to pledge f	nited Way of Sum		
in the Commu OR I want to design Impact Area(s) Commun Financial Healthy C Youth Op	ity Resiliency Security Community Portunity gnate my gift to go to a specific	uwsc \$	I,000 or more) after each I would like my gift to spouse/partner's gift f Spouse name: Spouse employer: Spouse gift amount: \$ Name to be used for reference to the spouse of the s	be combined with my or the purpose of recognition: ecognition if different than above
I want to design Way chapter:	y:gnate my gift to go to another U United Way of	nited	I prefer to remain ano	nymous.
non-profit org	gnate my gift to go to another 5 janization: <u>nner.org/process-designated-gifts</u> f d gifts.		IGN AND DATE	

THANK YOU FOR YOUR GIFT!

Signature