

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™



United Way
of the Eastern Panhandle, Inc.
 (304) 263-0603
 www.uwayep.org

United Way Pledge Form

MR/MRS/MS/DR FIRST NAME MI LAST NAME
 HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY
 STATE ZIP HOME PHONE DAYTIME PHONE
 COMPANY NAME

- I have been giving to United Way for _____ years. (10 year or longer qualifies you to be recognized as a United Way Loyal Contributor.)
- Please send me information about including United Way in my will.

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS *

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

EASY PAYROLL DEDUCTION

My total annual gift

AMOUNT \$

I want to contribute the following amount each pay period: \$50 \$25 \$10 \$5

Other \$

Number of pay periods:

52 26 Other _____

DIRECT GIFT

AMOUNT \$

Direct gift to be paid by:

- Cash
 Personal check (enclosed)

MY GIFT OF \$750 OR MORE

qualifies me for membership in the Potomac Society. My name will be listed as it appears above.

AMOUNT \$

- Please list my/our name(s) as follows:

.....

- I prefer that my gift remain anonymous.

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

— option A —

THRIVING CHILDREN

Ensuring that children and youth show normal growth and gain developmentally appropriate intellectual, physical, behavioral, emotional and social competencies.

AMOUNT \$

STRONG FAMILIES

Helping families achieve self sufficiency by acquiring the skills, knowledge and motivation to meet their own needs and not depend on a safety net of social services.

AMOUNT \$

INDEPENDENT SENIORS

Providing senior citizens with the services and opportunities to attain a decent quality of life and be safe, healthy, and engaged.

AMOUNT \$

— option B —

INFLUENCE THE CONDITION OF ALL. United Way Community Solutions Fund.

The most powerful way to invest your contribution.

AMOUNT \$

— option C —

Restricted Contribution

AGENCY NAME AND ADDRESS

AMOUNT \$

Signature

Date

Please check the accuracy of all your entries.
 Thanks for investing in United Way.

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information. United Way will not sell, distribute or release your information to third parties.