

UNITED WAY PLEDGE



United Way
of Central Carolinas

FULL NAME _____

EMAIL ADDRESS _____ work personal

HOME ADDRESS _____

CITY, STATE AND ZIP _____

PHONE NUMBERS home _____ mobile _____

EMPLOYER _____

SIGNATURE _____ DATE _____

MY TOTAL GIFT IS: \$ _____ (REQUIRED)

- Please recognize me as a United Way Loyal Contributor because I have been giving for 10 years or more (giving since _____ year).

ENCLOSED GIFT Check (payable to United Way) # _____ Date: ____/____/____

BILL ME (\$100 minimum)
 One time Monthly Quarterly Semi-Annually First billing date: ____/____/____

CREDIT/DEBIT CARD (\$25 minimum)
 One time Monthly Quarterly Semi-Annually First billing date: ____/____/____

Enter your pledge in the box to the left. Then make your secure credit card payment online at www.uwcentralcarolinas.org/give.

DONOR ADVISED FUND
I will be recommending a grant from _____ (institution name)
in the amount of \$ _____ in the year _____.

SECURITIES/STOCK Please call 704.371.6208 when you are ready to transfer funds.

Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution.

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