

PLEDGE FORM

United Way
of Central Carolinas



Please complete the following information. Your information will not be sold or used in any unauthorized way.

1 YOUR INFORMATION

FIRST NAME		MI		LAST		
HOME ADDRESS						
CITY		STATE		ZIP		
PREFERRED PHONE				<input type="radio"/> MOBILE	<input type="radio"/> HOME	<input type="radio"/> WORK
PERSONAL EMAIL		WORK EMAIL				
COMPANY						

2 YOUR GIFT

MY PLEDGE TO UNITED WAY

TOTAL GIFT \$ _____

LEADERSHIP GIVING

- \$25,000+ Major Gifts Society
- \$15,000 Director's Circle
- \$10,000 Tocqueville Society
- \$5,000 Community Champion
- \$2,500 Community Partner
- \$1,000 Community Leader

(Optional) Check this box to direct your pledge to 501(c)3 organization, and complete the optional section at the bottom. \$250 minimum.

3 PAYMENT OPTIONS

- PAYROLL DEDUCTION** My pay period is:
- Weekly (52/year) Twice a month (24/year)
- Every two weeks (26/year) Monthly (12/year)
- Other _____

CREDIT/DEBIT CARD

Make a secure credit card donation at uwcentralcarolinas.org/give.

ENCLOSED CHECK # _____

Date: ____ / ____ / ____

Payable to United Way of Central Carolinas.

BILL ME (\$100 minimum, email required)

- One Time Monthly
- Quarterly Semi-Annually
- First billing date: ____ / ____ / ____

SECURITIES/STOCK

Please email donorservices@uwcentralcarolinas.org for details on how to transfer funds.

DONOR ADVISED FUND

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

4 ACKNOWLEDGEMENT

- Please list my/our name(s) as:
(Example: Mr. and Mrs. John Doe or John and Jane Doe)
- _____
- Please recognize my gift as "Anonymous."
- I am interested in learning about the Legacy Society (for donors making planned/estate gifts)

5 SIGNATURE

SIGNATURE Required

DATE

OPTIONAL: DIRECT MY CONTRIBUTION TO ANOTHER NONPROFIT:

Only complete this form if you would like to designate your donation or a portion of your donation to an approved 501(c)3 health and human services organization. The total gift amount listed below must equal the total gift amount listed above. Note: Designations below \$250 will be applied to United Way of Central Carolinas' community impact efforts.

\$ _____ (amount) to United Way of Central Carolinas

\$ _____ (amount) to ORGANIZATION NAME _____ EIN # (REQUIRED) _____

Please share my name and address with designated organization.

Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution. For contributions made through payroll deductions, 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. Please consult your tax advisor for more information.

Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch (888) 830-4989. The license is not an endorsement from the state.

THANK YOU!

