

UNITED WAY PLEDGE



United Way
of Central Carolinas

FULL NAME _____

EMAIL ADDRESS _____ work personal

HOME ADDRESS _____

CITY, STATE AND ZIP _____

PHONE NUMBERS home _____ mobile _____

COMPANY _____

SIGNATURE _____ DATE _____

MY TOTAL GIFT IS: \$ _____ (REQUIRED)

ENCLOSED CHECK (payable to United Way of Central Carolinas)

_____ Date: ____/____/____

CREDIT/DEBIT CARD

Make your secure credit card donation at www.uwcentralcarolinas.org/give.

BILL ME (\$100 minimum, email required)

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

DONOR ADVISED FUND

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

SECURITIES/STOCK Please email donorservices@uwcentralcarolinas.org for details on how 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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