

UNITED WAY MULTI-YEAR PLEDGE



United Way
of Central Carolinas

FULL NAME _____

PREFERRED RECOGNITION NAME _____

anonymous

EMAIL ADDRESS _____ work personal

HOME ADDRESS _____

CITY, STATE AND ZIP _____

PHONE NUMBERS home _____ mobile _____

COMPANY _____

SIGNATURE _____ DATE _____

TOTAL GIFT: \$ _____

Please Remind Me: (Select One) Monthly Quarterly Semi-Annually Annually

I would like my first reminder on: ____/____/____

20 ____ \$ _____

20 ____ \$ _____

20 ____ \$ _____

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

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

ENCLOSED CHECK (payable to United Way of Central Carolinas)

_____ Date: ____/____/____

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

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