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

LIVE UNITED™

United Way
of Greater Augusta

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 | SOCIAL SECURITY NUMBER

United Way *Loyal Contributor Program*

☐ I have been contributing to United Way for ___ years. Register me for the

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 E-MAIL ADDRESS *

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

◯ **EASY PAYROLL DEDUCTION**
My total annual gift

AMOUNT $

A. *I want to contribute the following amount each pay period:*
◯ $50 ◯ $25 ◯ $10 ◯ $5
Other $

B. *I pledge* % *of my salary, for a total gift of* $

◯ **DIRECT GIFT**

AMOUNT $

Direct gift to be paid by:
◯ Cash
◯ Personal check (enclosed)
◯ Securities (please call 540-885-1229 are ready to transfer funds)

☐ **MY GIFT OF $500 OR MORE**
qualifies me for membership in ***Leadership Circle***
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

☐ **INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund.**

The most powerful way to invest your contribution.

AMOUNT $

option B

☐ **EDUCATION** Helping children and youth achieve their potential through education

- Improving access to quality, affordable **child care** and early learning opportunities
- Partnering with schools and parents to improve **graduation rates**
- Providing after-school and mentoring programs for **at-risk youth**

AMOUNT $

☐ **INCOME** Helping families become financially stable and independent

- Supporting **basic needs** while increasing financial education
- Helping hardworking people obtain job training and **family-sustaining wages**
- Increasing affordable **housing** for **seniors** and family

AMOUNT $

☐ **HEALTH** Improving People's Health

- Increasing access to **critical healthcare services**
- Reducing substance abuse, **child abuse** and **domestic violence**
- Increasing health education and **preventive care**

AMOUNT $

option C

Restricted Contribution

AMOUNT $

AGENCY NAME AND ADDRESS (OR AGENCY CODE)

Signature

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 you tax records.