PLEDGE FORM

PLEASE PRINT LEGIBLY. (*required)

DR. / MR. / MS. / MRS.  FIRST, MIDDLE INITIAL & LAST NAME* ________________________________

(circle one)

HOME ADDRESS* _______________________________________________________________

CITY/STATE/ZIP* ________________________________________________________________

PHONE* ________________________________________________________________

PERSONAL EMAIL _______________________________________________________________

CONTACT INFORMATION

GENDER (circle one)  FEMALE  MALE  PREFER NOT TO ANSWER

EMPLOYER ________________________________________________________________

HOME WORK CELL (please circle one)

PLEASE PRINT LEGIBLY. (*required)

DR. / MR. / MS. / MRS.  FIRST, MIDDLE INITIAL & LAST NAME* ________________________________

(circle one)

HOME ADDRESS* _______________________________________________________________

CITY/STATE/ZIP* ________________________________________________________________

PHONE* ________________________________________________________________

PERSONAL EMAIL _______________________________________________________________

CONTACT INFORMATION

GENDER (circle one)  FEMALE  MALE  PREFER NOT TO ANSWER

EMPLOYER ________________________________________________________________

HOME WORK CELL (please circle one)

MY TOTAL ANNUAL PLEDGE AMOUNT IS $______________

METHOD OF PAYMENT

Please select payroll deduction or other payment option.

☐ SINGLE PAYROLL DEDUCTION on __________ (Date)

☐ PAYROLL DEDUCTION: EQUAL AMOUNT PER PAY PERIOD

☐ PAY BY CHECK or CASH (circle one)

Attach your check made out to: United Way of Forsyth County.

☐ DIRECT BILL (complete A – B) Minimum donation of $100 or more. Home address is required.

A. Select one:  ☐ Monthly (12)  ☐ Quarterly (4)  ☐ Semi-annually (2)  ☐ Once (1)  B. Billing Start Date ________________

☐ CREDIT CARD (complete A – D) Minimum donation of $100. Please visit forsythunitedway.org for greater security.

A. Card # ___________________________________________ Exp. Date __________

B. Select one:  ☐ Monthly (12)  ☐ Quarterly (4)  ☐ Semi-annually (2)  ☐ Once (1)

C. Billing Start Date __________

D. Security Code # __________

☐ STOCKS OR SECURITIES TRANSFER For assistance, please call United Way at 336-723-3601.

☐ PLANNED GIVING I am interested in information about creating a lasting impact through planned giving.

SELECT AND COMPLETE ALL THAT APPLY.

☐ I am a Loyal Contributor. I have been investing in my community with United Way since __________.

☐ My contribution is part of a household gift. Combine my pledge with my spouse/partner:

Spouse/Partner Name _______________________________ Employer _______________________________

☐ Please list my/our name(s) as follows in publications ________________________________________________

☐ I prefer that my/our gift remain anonymous.

LEADERSHIP GIVING Select all that apply. Please see reverse of form for step-up programs and information on leadership giving contribution requirements.

☐ Toqueville Leadership Society ($10,000+ contribution)

☐ Leadership Circle ($1,000+ contribution)

☐ Women’s Leadership Council ($1,000+ contribution)

☐ Young Leaders United (ages 18-40, $250+ contribution)

My Signature __________ Date __________

(Signature and date are both required for all methods of payment)

THANK YOU FOR INVESTING IN YOUR COMMUNITY

No goods or services were provided in exchange for this contribution. 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. Consult your tax advisor for more information. A copy of this organization’s solicitation license is available from the state at 1-800-830-4989. This license is not an endorsement by the state.
Designate $_________ of my gift to the following organization (minimum $100):

Agency Name________________________________________

County (If outside of Forsyth County) __________________________________

Designated organizations must be a tax-exempt 501(c)3 health and human services agency. If the designated organization is not a certified 501(c)3 health and human services agency, if the designation minimum is not met, if the organization name is not legible, if all appropriate forms have not been submitted by the designated organization, or if the organization has not cashed the check after two attempts, United Way of Forsyth County reserves the right to redirect your gift to the general fund. Payroll designations are assessed an uncollectible percentage and designations to agencies are assessed a fundraising and administrative fee in accordance with United Way Worldwide Membership Standards. For more information, please call (336) 723-3601 or visit forsythunitedway.org.