

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

LIVE UNITED™



United Way
of the Brazos Valley
www.uwbv.org

United Way Pledge Form

I prefer that my gift remain anonymous

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

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. We will not share this or any personal information.

HOME EMAIL ADDRESS

PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT PREFERENCES

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 \$

ONE TIME GIFT
AMOUNT \$
Direct gift to be paid by:
 Cash (enclosed)
 Personal check (enclosed)
 Credit Card (Visa, Mastercard, Discover)
Card Number
Expiration Date
Please sign below to validate.

PLEASE BILL ME
 One Time
 Quarterly
Amount to Bill Each Time: \$
TOTAL GIFT \$

MY GIFT OF \$1,000 OR MORE
qualifies me for membership in the Leadership Giving Society.
TOTAL GIFT \$
 Please list my/our name(s) as follows:

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY. I WANT TO:

INFLUENCE THE CONDITION OF ALL through an unrestricted gift to United Way of the Brazos Valley.
The most powerful way to invest your gift.
TOTAL GIFT \$

SUPPORT COMMUNITY IMPACT AREA(S)

EDUCATION \$
Helping children and youth achieve their potential

FINANCIAL STABILITY \$
Helping families become financially stable and independent

HEALTH \$
Improving people's health & safety

TOTAL GIFT \$

DESIGNATE A RESTRICTED GIFT to a United Way Partner Agency.
(See additional materials for a list of partner agencies.)
Agency Name(s):
\$
\$
\$
TOTAL GIFT \$

Signature Date Please check the accuracy of all your entries. Thanks for investing in your community.

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 your tax records. You will also need a copy of your pay stub, W-2 or other employee document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

GIVE. ADVOCATE. VOLUNTEER.