

STEP 1

My Information

PREFIX: DR. MS. MRS. MR.

FIRST NAME _____

MI _____

LAST NAME _____

SUFFIX _____

HOME ADDRESS _____ Check if this is a new address

APT # _____

CITY _____ STATE _____

ZIP CODE _____

PREFERRED PHONE _____ Landline Business Cell Opt-in to receive text messages

PREFERRED EMAIL ADDRESS _____ Opt-in to receive more information about United Way's Volunteer Hub

EMPLOYER _____

EMPLOYEE ID # _____

THANK YOU FOR YOUR GIFT!

If you are a Leadership Step-Up Donor, we'd like to recognize you. How would you like your name to appear?

- I wish to remain anonymous.
- I have been giving for 20 years or more.

Is this a joint leadership gift with your spouse/partner?

Yes

SPOUSE/PARTNER NAME _____

\$ _____ SPOUSE/PARTNER PLEDGE
SPOUSE/PARTNER EMPLOYER _____

STEP 2

My Gift

Payment Options:

1 CREDIT CARD \$ _____ -OR- Visit UNITEDCV.ORG/DONATE.

CARD # _____ EXP DATE (MM/YR) _____ CVV _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

2 CHECK/CASH Please attach and make checks payable to United Way of the Chattahoochee Valley

\$ _____ CHECK NUMBER _____

3 PAYROLL DEDUCTION (PER PAY PERIOD)

AMOUNT PER PAY PERIOD <input type="checkbox"/> \$10 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> OTHER: \$ _____	X	# OF PAY PERIODS _____	=	TOTAL ANNUAL GIFT \$ _____
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4 LEADERSHIP STEP-UP PROGRAM Make a commitment to United Way over the next three years.

<input type="checkbox"/> LEADERSHIP CIRCLE	<input type="checkbox"/> TOCQUEVILLE SOCIETY
YEAR 1 → \$500	YEAR 1 → \$5,000
YEAR 2 → \$750	YEAR 2 → \$7,500
YEAR 3 → \$1,000	YEAR 3 → \$10,000

OPTIONAL

My Investment Options

- Women United** – Please send me more information about this program. A minimum annual gift of \$250 is required to join.
- Emerging Leaders United** – (Under age 40) Please send me more information about this program. A minimum annual gift of \$365 is required to join.
- Legacy Society** – Please send me information about including United Way in my estate planning.
- Designate Your Contribution** – Would you like to designate funds to a 501(c)(3) community agency? A minimum gift of \$50 is required.

\$ _____ AMOUNT (*A minimum gift of \$50 is required)

_____ AGENCY NAME AND ADDRESS (*Must be a 501(c)(3) Health and Human Services Organization in GA or AL)

STEP 3

My Signature

SIGNATURE _____

DATE _____

NOTE: The allocation board may redirect your gift if they perceive needs elsewhere in the community that are greater. By giving under these terms, you are granting variance of power. United Way cannot verify the financial viability of agencies whose programs are not reviewed by the allocation board. If your designation cannot be processed, United Way will make every effort to contact you. If unable to do so, your gift will be invested in the United Way Community Fund. Agencies must be in strict compliance with Executive Order 13224 of the Patriot Act of 2001 and the Treasury Guidelines. Donor designation pledges will be assessed uncollectable and administrative fees. United Way does not provide goods or services in whole or in partial consideration for any contributions made via this pledge card.

THANK YOU FOR SUPPORTING UNITED WAY!

UNITEDCV.ORG

1005 Front Avenue, Columbus, GA 31901 · P.O. Box 1157, Columbus, GA 31902
Phone: (706) 327-3255 · Fax: 678-619-0387 · Email: info@unitedcv.org