

United Way Campaign



(Please print)

Mr./Mrs./Ms./Dr.	First Name	Middle	Last Name	Suffix
Home Address				Apt #
City			State	Zip
Home Phone		Main E-mail Address		
Employer			Work Phone	

United Way only uses personal information to acknowledge your gift, provide necessary tax receipts and communicate how your gift is helping. Information is not sold or shared.

Step 1: Total gift to my community \$ _____

- Payroll Deduction: I authorize my employer to deduct my contribution per pay period.**
Amount per paycheck \$ _____ x _____ (# of pay periods) (A payroll deduction will be made from each pay period)
- I want to make a one-time gift by payroll deduction. Amount of gift: \$ _____
- I want to make a one-time gift.
Attached is my Cash or Check (made payable to United Way) for the amount of \$ _____
- I want to make a one time gift by: Visa or MasterCard (Billing address & phone required--\$5 minimum)
Credit Card # _____ Expiration date _____
Billing Address: _____ Phone _____

Step 2: Investing My Gift in My Community (Which county's United Way do you want to receive your pledge)

- | | | |
|--|--|--|
| <input type="checkbox"/> Benton County | <input type="checkbox"/> Humphreys County | <input type="checkbox"/> Sumner County |
| <input type="checkbox"/> Cannon County | <input type="checkbox"/> Macon County | <input type="checkbox"/> Williamson County |
| <input type="checkbox"/> Davidson County | <input type="checkbox"/> Maury County | <input type="checkbox"/> Wilson County |
| <input type="checkbox"/> Dickson County | <input type="checkbox"/> Rutherford County | <input type="checkbox"/> Other: _____ |

Step 3: Choose how you want your gift to be used by United Way

- I want my gift to go to United Way's Community Care Fund—supports all partner agencies
- I want my gift to focus on: Health Education Income Rebuilding Lives
(Gifts support multiple programs in each area)

Step 4: Other Information

- I would like my gift to remain anonymous.
- I would like my name listed in contributor materials as follows: _____
- My spouse/partner also donates to United Way, please recognize our combined gift:
Their Name: _____ Gift Amount: _____

Step 5: Please Sign and Return Your Pledge Card to your workplace Employee Campaign Manager

Signature: _____ Date: _____