Pledge Form

910.997.2173 / unitedwayrichmondnc.net

UNITED WAY
Richmond County

Step 1 **Donor Information (Please Print)** *Your personal information is confidential and is never sold*

Name _____ Company_____

Home / Work Address _____

City, State, Zip _____

E-mail_____

Step 2 **Gift Amount and Payment Method**

Payroll Deduction:

$_____ per pay period

I am paid:
- ☐ Weekly (52)
- ☐ Bi-weekly (26)
- ☐ Semi-Monthly (24)
- ☐ Monthly (12)
- ☐ _____ (custom)

Cash, Check or Credit Card:

- ☐ Cash $_____
- ☐ Check #_____ $ _____

Payable to United Way of Richmond County

- ☐ Credit Card: www.unitedwayrichmondnc.net to make a one time or recurring gift.

Bill Me:

- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-annually
- ☐ Once _____

Date

My Total Annual Gift: $_____

Step 3 **Choose how you want to invest in your community**

☐ Please use my gift where needed ☐ I wish to designate to one or more United Way Partner Agencies or other :

YOUTH OPPORTUNITY

____Back Pack Pals

____Richmond County 4 H

____Richmond County School Exceptional Children Program

HEALTHY COMMUNITY

____New Horizon's Life & Family Services

____Our Daily Bread

____Pee Dee Pregnancy Resource Center

____Samaritan Colony

_____

COMMUNITY RESILIENCY

____American Red Cross

_____Richmond Co. Rescue Squad

FINANCIAL SECURITY

____Salvation Army

Step 4 **Please sign and date your pledge.**

Signature _____ **Date** _____

☐ I prefer to be thanked by: ☐ E-mail ☐ Mail ☐ No thank you note

☐ I / we prefer to remain anonymous

United Way Representative Signature:_____

Second copy of this form serves as receipt.

THANK YOU for your support!

Your gift is tax-deductible as allowed by law. No goods or services have been given in return for this pledge.