## PLEDGE FORM - DONATE TODAY!

**MY INFORMATION** To view our privacy policy, visit <u>uwalamance.org/financial-policies</u>

|  | Required                      |  |
|--|-------------------------------|--|
| I would like to rema                     | ain anonymous                 |  |
| HOME ADDRESS                             |                               |  |
|  | Street                        |  |
| City                                     | State                         | Zip  |
| •  |                               | Διμ  |
| Circle One                               | - (/                          |  |
| PERSONAL EMAIL                           |                               |  |
|  |                               |  |
| EMPLOYER                                 |                               |  |
| Please check if you                      | u are a new donor             |  |
|  | MY IMPACT                     |  |
| MY TOTAL GIFT FOR THE Y                  | ÆAR \$                        |  |
| PAYROLL DEDUCTION                        |                               |  |
| ∏ ¢ n                                    | er nev period for             | (# of pay periods)                           |
| DIRECT GIFT                              |                               |  |
|  | payable to United Way o       | of Alamance County                           |
|  |                               | -  |
| -  | ase visit <u>uwalamance.o</u> | <u>rg/#donate</u>                            |
| IF GIVEN IN HONOR                        |                               |  |
|  |                               |  |
| COMBINE MY GIFT WITH MY PARTNER          |                               |  |
| -  |                               |  |
|  | -                             | ost with your gift, but you may designate to |
| a nonprofit organization if you choose ( | (minimum \$100). Please write | the name of the agency here.                 |
| Agency Name                              |                               |  |
| SIGNATURE                                |                               | DATE   |
| /-                                       | (Required)                    |  |
|  | United<br>Way                 |  |
|  | United Way                    |  |

Thank you for your contribution to United Way of Alamance County. No goods or services were provided in exchange for this contributions. For contributions made through payroll deduction, 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. EIN#56-0599239 For questions, please contact your workplace campaign coordinator or Kasey Coffey, kcoffey@uwalamance.org