



MY PLEDGE

to make a difference in OUR community!

DONOR INFORMATION (This information will not be shared) *

NAME _____
Required

HOME ADDRESS _____
Street City State Zip

CELL/HOME/WORK PHONE (_____) _____ EMPLOYER _____
Circle One

PERSONAL EMAIL _____
Spouse/partner (for mailing purposes)

FOR PUBLIC RECOGNITION

Recognition Name(s) _____
If different than above

NAME _____

I/We prefer all my/our gifts to remain anonymous

INVESTMENT & PAYMENT METHOD

EASY PAYROLL DEDUCTION

- A. Number of pay periods _____
- B. Amount per pay period \$ _____
- C. Total Annual Pledge (AxB)= \$ _____

OTHER OPTIONS

- Cash Amount \$ _____
- Check Amount \$ _____
Payable to United Way of Alamance County
Check # _____ Date _____
- Credit Card Visit www.uwalamance.org/#donate
of months _____
Total amount \$ _____

ADDITIONAL WAY TO GIVE

Visit www.uwalamance.org/#donate

**Round-Up

Sign & Date Pledge Form

SIGNATURE (required) _____ DATE _____

Supporting United Way's Community Fund is the best way to do the most with your gift, but you may designate if you choose. Please note that designations must be a minimum of \$50 to a 501(c)3 organization. If you wish to designate your gift, please write the name of the agency in this form.

If you have questions, please contact your workplace campaign coordinator or Julie McAteer, jmcaateer@uwalamance.org

