

# Callaway County United Way Pledge Form

MR/MRS/DR     FIRST NAME     LAST NAME  
 HOME ADDRESS (CREDIT CARD CHARGES, ADDRESS MUST BE YOUR BILLING ADDRESS)    CITY  
 STATE    ZIP CODE    COMPANY NAME

Please provide your preferred email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

EMAIL ADDRESS

## PLEASE SELECT PAYROLL DEDUCTION, DIRECT GIFT OR CREDIT CARD.

<input type="checkbox"/> <b>PAYROLL DEDUCTION</b> My total annual gift Amount \$ <input type="text"/> A. I want to contribute the following amount each pay period: <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 Other \$ <input type="text"/> B. I pledge <input type="text"/> % of my salary, for a total gift of \$ <input type="text"/>	<input type="checkbox"/> <b>DIRECT GIFT</b> Amount \$ <input type="text"/> Direct gift to be paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card (MC/Visa) <small>Fill in information →</small> <input type="checkbox"/> Personal Check <small>enclosed</small> <input type="checkbox"/> Securities <small>call 679-642-0635 when you are ready to transfer funds</small>	<input type="checkbox"/> <b>CREDIT CARD GIFT</b> <input type="text"/> Name on Credit Card <input type="text"/> Credit Card Account Number <input type="text"/> Expiration Date <input type="checkbox"/> Charge my credit card \$ <input type="text"/> <small>Once/Monthly/Quarter/Etc.</small>	<b>Total gifts of \$25 or more will be published on the CCUW donor list.</b> Please list my/our names as: <input type="text"/> <input type="checkbox"/> I prefer that my gift remain anonymous.
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REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

# LIVE UNITED™



United Way of Callaway County

Designated Contribution    Agency Name or Another United Way  
 AMOUNT \$    

Signature \_\_\_\_\_

Please check the accuracy of all your entries. Thank you for investing in the United Way! No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. Employee Campaign Donors: You will also need a copy of your pay stub, W-2 or other employee document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.