

# PLEDGE FORM

UNITED WAY OF CENTRAL WEST VIRGINIA  
One United Way Square • Charleston WV 25301  
304.340.3500 • www.unitedwaycww.org

SERVING BOONE, CLAY, KANAWHA,  
LOGAN AND PUTNAM COUNTIES  
IN WEST VIRGINIA



## 1. MY CONTACT INFORMATION PLEASE PRINT. Your information, including email, is never shared.

Mr./Mrs./Ms./Dr.	First Name	Last Name	Workplace/Employer
Home Address			Email Address
City	State/Zip Code	Office Phone	Home Phone

## 2. MY TOTAL ANNUAL GIFT = \$ PLEASE CHOOSE A PAYMENT OPTION FROM BELOW

### PAYROLL DEDUCTION

Please indicate how often you are paid:

Weekly (52 times/year)  Bi-Weekly (26 times/year)  Semi-Monthly (24 times/year)  Other: \_\_\_\_\_

I authorize my employer to deduct the following amount from my paycheck: \$ \_\_\_\_\_

### PAID IN FULL

CASH  CHECK # \_\_\_\_\_

Make check payable to  
United Way of Central West Virginia  
and return with this form.

CREDIT CARD:  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Home address required for credit card payment. Please fill out the address above; a receipt will be mailed to you.

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(16 DIGITS)

### DIRECT BILL

PLEASE BILL ME Bills will be sent to your home address listed above.  MONTHLY  QUARTERLY  ONE-TIME \_\_\_\_\_  
(indicate month)

## 3. MY CHOICE PLEASE FILL IN THE OPTIONS BELOW

I WANT TO LIVE UNITED by giving to the United Way of Central West Virginia's Community Impact Fund - the most powerful option for investing my contribution. Please distribute my contribution to help United Way advance education, income stability and health for the people of central West Virginia.

Please direct my contribution to (ASK FOR FUNDED/PARTNER AGENCY LISTING):

\_\_\_\_\_ \$ \_\_\_\_\_ Agency Name\*      \_\_\_\_\_ \$ \_\_\_\_\_ Agency Name\*

The United Way of Central WV encourages leadership giving. We would like to recognize your individual or combined giving.

MY/OUR GIFT OF \$500 OR MORE qualifies for membership in the Capitol Club Leadership Giving Society.

We would like to recognize your leadership giving. Please indicate how you would like to see your name(s) appear in publication:

Name(s) \_\_\_\_\_ Company Affiliation(s) \_\_\_\_\_

I / we wish to remain anonymous. Do not release my / our name.

If this is part of a combined gift, please provide the other person's info: \_\_\_\_\_  
NAME WORKPLACE GIFT AMOUNT

### PLANNED GIVING

I have included the United Way of Central West Virginia in my will.  Contact me to discuss Planned Giving.

## 4. MY SIGNATURE NEEDED TO AUTHORIZE CONTRIBUTION

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the accuracy of all your entries and make a copy for your tax records. United Way does not provide goods or services as whole or partial consideration for any contribution. Donor does not expect to receive a financial or economic benefit as a result of this contribution. West Virginia residents may obtain a summary of the contribution and financial documents from the Secretary of State, State Capitol, Charleston, WV 25305. Contribution does not imply endorsement.