

PLEDGE FORM

UNITED WAY OF CENTRAL WEST VIRGINIA
One United Way Square • Charleston WV 25301
304.340.3500 • www.unitedwaycwwv.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, health, financial stability and safety net for the people of central West Virginia.

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

_____ \$ _____ Agency Name* _____ \$ _____ Agency Name*

United Way encourages leadership giving. A gift of **\$500 or MORE** qualifies for membership in the Capitol Club Leadership Giving Society.

We will recognize your individual or combined leadership gift. Please indicate how 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.