

# LIVE UNITED®

301 W. Main St, Suite 608, Clarksburg, WV 26301 • Phone: 304.624.6337 • www.unitedwayhwcw.org



United Way  
of Harrison County, Inc.

## United Way Pledge Form

MR/MRS/MS/DR \_\_\_\_\_ NAME ( please print clearly ) \_\_\_\_\_ HOME ADDRESS ( For credit card charges, address listed must be your billing address. ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

I have been contributing for \_\_\_\_\_ years. Please register me as a United Way ♥ Loyal Contributor.

I am interested in volunteer opportunities with:  United Way Leadership  United Way Events  United Way Agencies.

Please send me your ENewsletter and Save-the-Date Special Event Notices \_\_\_\_\_

HOME EMAIL ADDRESS ~ (You may opt-out at any time...)

PAYROLL DEDUCTION	DIRECT GIFT	STONEWALL JACKSON LEADERSHIP CLUB
<input type="checkbox"/> EASY PAYROLL DEDUCTION Total Annual Gift \$ _____  I will contribute the following each pay period: <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5  <input type="checkbox"/> OTHER AMOUNT \$ _____  # _____ Pay Periods (# of deductions)	<input type="checkbox"/> DIRECT GIFT Total Annual Gift \$ _____  Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check (enclosed) <input type="checkbox"/> Credit Card (\$50 Minimum)  Card # _____ - _____ - _____ - _____ Exp. ____/____/____ <input type="checkbox"/> Bill me One Time (month/yr) _____/_____ <input type="checkbox"/> Bill me Monthly beginning _____/_____ <input type="checkbox"/> Bill me Quarterly beginning _____/_____ <input type="checkbox"/> Securities <i>(Please call 304.624.6337 when you are ready to transfer funds.)</i>	<input type="checkbox"/> MY GIFT OF \$500 OR MORE qualifies me for membership in the <b>Stonewall Jackson Leadership Club.</b>  <input type="checkbox"/> Please list name/names as written above...  <input type="checkbox"/> My Spouse/Partner is also a contributor and our combined gift qualifies us for membership.  <b>Please include our names as:</b> _____  <b>Spouse/Partner Name &amp; Employer:</b> _____ _____  <input type="checkbox"/> Please include me Anonymously.

**UNITED WAY COMMUNITY IMPACT FUND** The most effective way to invest in the needs of our community. Community Volunteers carefully allocate your contribution to programs where help is needed the most.

**DIRECT DESIGNATION** Direct my gift to a United Way Member Agency, United Way Initiative, another United Way organization or any registered 501(c)3 non-profit organization of my choosing. Organization/Agency \_\_\_\_\_ Amount \_\_\_\_\_

Signature ( required ) \_\_\_\_\_ Date \_\_\_\_\_

Thank You...for your contribution through the United Way Campaign. No goods or services were provided in exchange for this Contribution. The expenses associated with processing donor-designated pledges are recovered by an assessment for both fundraising and management and general fees on actual historical costs in accordance with United Way Worldwide Membership Standards.