

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 Stonewall Jackson Leadership Club. <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. Please include our names as: _____ Spouse/Partner Name & Employer: _____ <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.