

# PLEDGE FORM



United Way of  
Central West Virginia

## 1. MY CONTACT INFORMATION PLEASE PRINT. Your info is never shared

Mr./Mrs./Ms./Dr. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Workplace/Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## 2. MY TOTAL ANNUAL GIFT = \$ \_\_\_\_\_ Please choose a payment option

### PAYROLL DEDUCTION

Please indicate how often you are paid:

WEEKLY (52 times/yr)    BI-WEEKLY (26 times/yr)    SEMI-MONTHLY (24 times/yr)    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 WV 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.)

**DONATE**  
click here

16 Digit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

### DIRECT BILL

Please bill me: Bills will be sent to your home address listed above.  
MONTHLY    QUARTERLY    ONE-TIME \_\_\_\_\_ (month)

**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 \_\_\_\_\_

## 3. 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 resident 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.