



United Way of Northern Shenandoah Valley

PLEDGE FORM

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME
<input type="text"/>			<input type="text"/>
HOME ADDRESS (For credit card charges, address listed must be your billing address.)			CITY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STATE	ZIP	HOME PHONE	DAYTIME PHONE
<input type="text"/>			<input type="text"/>
EMPLOYER			BIRTHDAY

WANT TO SEE HOW YOUR CONTRIBUTION IS MAKING A DIFFERENCE? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS *

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

EASY PAYROLL DEDUCTION

My total annual gift

AMOUNT \$

A. I want to contribute the following amount each pay period:

- \$50 \$25 \$10 \$5

Other \$

B. My pay periods are

- Weekly (52 pays) Bi-Weekly (26 pays)
 Semi Monthly (24 pays) Monthly (12 pays)

DIRECT GIFT

AMOUNT \$

Direct gift to be paid by:

- Cash
 Personal check (enclosed, payable to United Way NSV)
 Direct Bill Please bill me Once Quarterly
 Credit Card (Give online at UnitedWayNSV.org/give)

Register me for the **United Way Loyal Contributors Program** I have been contributing to United Way for ____ years.

MY GIFT OF \$250 OR MORE qualifies me for the Society of Emerging Leaders (Under 40 years old)

MY GIFT OF \$500 OR MORE qualifies me for membership in the Shenandoah Heritage Giving Society. My name will be listed as it appears above.

Please list my/our name(s) as follows:

.....

I prefer that my gift remain anonymous.

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

— option A —

INFLUENCE THE CONDITION OF ALL. United Way Community Impact Fund. The most powerful way to invest your contribution.

AMOUNT \$

— option B —

EDUCATION Helping children and youth achieve their potential

- Improving access to quality, affordable child care and early learning opportunities
- Partnering with schools and parents to improve graduation rates
- Providing after-school and mentoring programs for at-risk youth

AMOUNT \$

INCOME Helping families become financially stable and independent

- Supporting basic needs while increasing financial education
- Helping hardworking people obtain job training and family-sustaining wages
- Increasing affordable housing for seniors and families

AMOUNT \$

HEALTH Improving People's Health

- Increasing access to critical healthcare services
- Reducing substance abuse, child abuse and domestic violence
- Increasing health education and preventive care

AMOUNT \$

— option C —

Restricted

AGENCY NAME AND ADDRESS (OR AGENCY CODE)

AMOUNT \$

Signature _____

Please check the accuracy of all your entries.
 Thanks for investing in United Way.

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. I understand pledges to designated agencies must be eligible to receive charitable contributions. A processing fee will be applied.