

UNITED WAY PLEDGE FORM

PLEASE PRINT United Way respects the privacy of our donors and does not disclose personal information to third parties.

MR/MRS/MS/DR FIRST NAME MI LAST NAME

HOME ADDRESS

CITY STATE ZIP DAYTIME PHONE

COMPANY NAME EIN (Company use only)



United Way
of Southwest Alabama

uwswa.org

PLEASE RETURN TO:
United Way of
Southwest Alabama
P.O. Drawer 89
Mobile, AL 36601-0089

THANK YOU!

WANT TO SEE HOW YOUR CONTRIBUTION IS MAKING A DIFFERENCE? Please provide your home email address so we may keep you updated.

HOME EMAIL ADDRESS

GIVING OPTIONS

- PAYROLL DEDUCTION** \$ _____
- I pledge the following amount per pay period:
 \$50 \$25 \$10 \$5 Other \$ _____
- I pledge 1 hour per month at \$ _____ per hour
- I pledge ____% of salary to be deducted equally through the year
-
- ONE-TIME GIFT** (please attach gift)
- Check (payable to United Way) \$ _____ Cash \$ _____
-
- CREDIT CARD** (minimum gift \$100) \$ _____
- Credit Card # _____ Exp. Date ____ / ____
- Mastercard Visa One-Time Monthly Quarterly
- Begin Billing (MM/YY): ____ / ____ (Billing will begin upon receipt unless noted)
-
- DIRECT BILL** (minimum gift \$100) \$ _____ One-Time Monthly Quarterly
- Begin Billing (MM/YY): ____ / ____ (Billing will begin January 1st unless noted)
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- SECURITIES** (please call 251-433-3624)

RECOGNITION

- My gift of \$500 or more qualifies me as a **LEADERSHIP GIVER**. List my name as it appears above - OR - please list my/our name(s) as follows:
- _____
- I prefer that my gift remain anonymous.
- Include me in the **WOMEN'S INITIATIVE**
(Women individually contributing \$1,000 or more annually)
- Include me in the **LOYAL CONTRIBUTORS PROGRAM**
I have been contributing to United Way for _____ years.
(Does not have to be consecutive years of giving. Home address and/or email address required)
- Include me in the **YOUNG LEADERS SOCIETY**
(Individuals between the age of 21-40. Email address required)

GET YOUR UNITED WAY COMMUNITY CARE CARD! Simply donate an annual gift of \$120 or more, provide your home address above, and you will receive the Community Care Card that entitles you to valuable discounts from area merchants.

MY TOTAL ANNUAL GIFT IS \$ _____ (Required)

SIGNATURE _____ **DATE** _____ (Required)