

JOIN THE FIGHT.

LIVE UNITED

United Way of Rutherford & Cannon Counties



PLEDGE FORM

A gift to United Way helps us fight for the health, education and financial stability of every person in our community.

ABOUT ME

Mr. Mrs. Ms. Dr. Full Name: _____ Employer: _____

Home Address: _____ City: _____ State: _____ Zip: _____
(Must be the same as billing address if the desired payment method is credit card.)

Cell Phone: _____ - _____ - _____ Email Address: _____ Date of Birth: ____/____/____
(United Way only uses personal information to acknowledge your gift, provide necessary tax receipts, record donor demographics, etc.)

DONOR RECOGNITION

Please combine my gift with my spouse or significant other. Names should be published as (Ex- John & Jane Doe): _____
 I wish to keep my gift anonymous I have been a United Way supporter for _____ years.

I AM A LEADERSHIP DONOR. LEADERSHIP DONOR LEVELS: TOCQUEVILLE SOCIETY \$10,000+ PILLAR SOCIETY \$5,000- \$9,999
CORNERSTONE SOCIETY \$2,500- \$4,999 BUILDER SOCIETY \$1,000- \$2,499 YOUNG LEADERS SOCIETY (AGES 40 AND UNDER) \$500+

MY INVESTMENT: Select Your Giving Method

AUTOMATED BANK DRAFT

Deducted directly from your bank account beginning in 2021.

Select frequency :
 Monthly Quarterly
 One-time

Installments of: \$ _____

Account Number: _____

Routing Number: _____
(or attach a voided check)

Total ____ X \$ _____ = \$ _____

PAYROLL DEDUCTION

I want to contribute \$ _____ each pay period.

I am paid:
 Weekly (52 times annually)
 Bi-Weekly (26 times annually)
 Semi-Monthly (24 times annually)
 Other: _____

Total \$ _____ X _____ = \$ _____
Amount # of pay periods Total

ONE-TIME GIFT OF \$ _____

Select method of payment.

Credit card (\$25 minimum) You may provide your credit card information below OR visit yourlocaluw.org/workplacegiving to process your payment online and attach a copy of your receipt to this form.

Credit Card #: _____ Exp: _____ CVV Code: _____

Cash (attached) Personal check (attached) Check #: _____ Date: _____

I want to leave United Way in my will or estate plan. Stock gift
Please call 615-893-7303 for planned giving and stock gift options. We will also follow up with you to confirm processing.

In addition to my annual contribution, I would like to provide a child with an Imagination Library book each month for a year at the cost of \$12/ year.
Number of children you wish to sponsor _____ x \$12 = \$ _____. I wish to sponsor children in (select one) Rutherford Co. Cannon Co.

TOTAL ANNUAL INVESTMENT:

OPTIONAL: Designate my gift

Select from the following options if you wish to restrict your gift.

I WANT UNITED WAY TO INVEST MY GIFT IN THE COMMUNITY FUND FOR THE GREATEST IMPACT.

OR
 I WANT MY GIFT TO GO TO THE FOLLOWING FOCUS AREAS:

- MENTAL HEALTH & SUBSTANCE ABUSE
- HOUSING
- SCHOOL READINESS
- NUTRITION & OBESITY
- BASIC NEEDS & FAMILY SUCCESS

OR **I WANT UNITED WAY TO DESIGNATE TO A SPECIFIC 501(C)(3), OR ANOTHER UNITED WAY. A \$50 MINIMUM GIFT IS REQUIRED FOR EACH DESIGNATION. EIN NUMBER IS REQUIRED.**

Designations may only be made to 501(c)(3)s by providing their government designated EIN number below. United Way only honors designations to 501(c)(3)s. If EIN is not legible or complete, or if the organization is not a 501(c)(3), United Way reserves the right to redirect your investment to its Community Impact Fund.

EIN # ____-____-____

Please make a copy for your records.

SIGNATURE:
REQUIRED

DATE: