



Step Up to Tocqueville



United Way of Rutherford & Cannon Counties

How It Works

The United Way of Rutherford and Cannon Counties is pleased to offer a unique giving option for community leaders interested in joining the Tocqueville Society. Step Up to Tocqueville Program members make a commitment now to reach \$10,000 annual giving by gradually moving up to such level over three years, while receiving full membership benefits of the Tocqueville Society from day one, including invitations to exclusive events and listing in local and national directories.

Step Up Program Pledge Form

Yes, I want to use the Step Up Program option and join the Tocqueville Society with a Step Up pledge of:

\$5,000 in Year 1 \$7,500 in Year 2 \$10,000 in Year 3

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

Employer/ Organization: _____

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 and Jane Doe):

I wish to keep my gift anonymous I have been a United Way supporter for _____ years.

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: _____

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

Please make a copy for your records.

SIGNATURE: _____
REQUIRED

DATE: _____