

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.

TELL US ABOUT YOURSELF

Mr. Mrs. Ms. Dr.

Please handwrite any changes.

Full Name _____ Spouse/ Partner Name _____
(if joint gift)

Employer _____

Address _____
(For credit card charges address listed must be your billing address)

City _____ State _____ Zip _____ Cell Phone (_____)

Email Address _____ Date of Birth MM / DD / YYYY

United Way only uses personal information to acknowledge your gift, provide necessary tax receipts, record donor demographics, etc.

Please list me/us in any recognition materials as follows: (ex: Jack & Jane Doe)

- I've been investing in my community with United Way since _____ .
- I wish to keep my gift anonymous.

DECIDE HOW YOU WANT TO CONTRIBUTE

I WANT TO DONATE AT A LEADERSHIP LEVEL \$ _____

- 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 & Under) \$500+

I WANT TO LEAVE UNITED WAY IN MY WILL OR ESTATE PLAN
Please call (615) 893-7303 or visit YourLocalUW.org/legacy to learn more.
We will also follow up with you to confirm processing.

OTHER: I WANT TO IMPROVE LIVES WITH MY DONATION OF \$ _____

IN ADDITION TO MY ANNUAL CONTRIBUTION, I WOULD LIKE TO PROVIDE A CHILD WITH ONE BOOK A MONTH FOR A YEAR AT THE COST OF \$12/YEAR.
Number of children you wish to sponsor _____ x \$12= \$ _____

PAYMENT METHOD

EASY PAYROLL DEDUCTION

I want my total gift to be divided evenly between my pay periods.

OF PAY PERIODS PER YEAR _____

AUTOMATED BANK DRAFT
Deducted directly from your bank account
Monthly/Quarterly (please circle one)
installments of \$ _____
starting January 1.

Account Number: _____
Routing Number: _____
(Or include voided check.)

ONE-TIME GIFT
Gift to be paid by:
 Cash (enclosed)
 Personal Check (enclosed)
Check # _____
 Credit Card (\$25 minimum)
Credit Card # _____
Exp _____ CVV Code _____
 I will pay now by credit card at
www.YourLocalUW.org/WorkplaceGiving

STOCK GIFT
Please call (615) 893-7303 to arrange your gift.

OPTIONAL: WHERE WILL YOUR GIFT GO?

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

- I WANT THIS GIFT TO CHANGE LIVES IN MENTAL HEALTH & SUBSTANCE ABUSE.
- I WANT THIS GIFT TO CHANGE LIVES IN HOUSING.
- I WANT THIS GIFT TO CHANGE LIVES IN KINDERGARTEN READINESS & EARLY CHILDHOOD SUCCESS.
- I WANT THIS GIFT TO CHANGE LIVES IN NUTRITION & OBESITY.
- I WANT THIS GIFT TO CHANGE LIVES IN BASIC NEEDS & FAMILY SUCCESS.

I WANT TO DESIGNATE TO A SPECIFIC 501(C)(3), OR OTHER UNITED WAY.

A \$50 minimum annual gift is required for each designation. 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 # _____

SIGNATURE REQUIRED

DATE

Please make a copy for your records.