

UNITED WAY OF SOUTH CENTRAL TENNESSEE PLEDGE FORM



CONTACT INFORMATION

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

☐ Spouse's Name: _____ Published Name(s): _____

☐ I wish to keep my gift anonymous

Home Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: _____

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

Home Email: _____ Work Email: _____ Preferred Email: ☐ Home ☐ Work

☐ I have included United Way in my will or estate plan.

☐ I am interested in including United Way in my will or estate plan.

ONE TIME GIFT

Select donation amount.

- ☐ \$5,000
- ☐ \$2,500
- ☐ \$1,000
- ☐ \$500
- ☐ \$250
- ☐ Other \$ _____

Select method of payment.

- ☐ Payroll Deduction
I want to contribute \$ _____.
- ☐ Check Enclosed
Check #: _____
Date: _____
- ☐ Cash Enclosed

RECURRING GIFT

☐ 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: _____

For credit card donations (one time or recurring), please use your campaign's giving link or visit yourlocaluw.org/give to complete your payment.

MY DESIGNATION

☐ 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:

- ☐ Early Childhood Development
- ☐ Financial Stability
- ☐ Healthy Behaviors
- ☐ Imagination Library (Cannon)
- ☐ Imagination Library (Rutherford)
- ☐ Mental Health & Substance Abuse

OR

☐ I want to designate to a specific 501(C)(3), or another United Way. (A \$50 minimum is required for each designation. **Both EIN Number & Agency name are required.**)

Designations may only be made to 501(C)(3)s by providing their government designated EIN number and agency name 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. Designations below \$50 will be applied to the United Way's Community Impact Fund. UWSCTN is not able to monitor how agencies use designated gifts. Contributing to the Community Impact Fund or toward the Bold Goals 2030 allows UWSCTN to ensure that gifts are used to drive measurable change in human services.

EIN # ____-____-____ Agency Name _____
(Required) (Required)

TOTAL PLEDGE GIFT:

SIGNATURE: (Required)

DATE: _____

Account # (for staff use only) _____

Please make a copy for your records.