

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™



United Way
of Cecil County

United Way Pledge Form

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

HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY

STATE ZIP HOME PHONE DAYTIME PHONE

COMPANY NAME - REQUIRED FOR PAYROLL DEDUCTION

I'd like to hear from United Way about how my contribution is getting results.

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS *

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

EASY PAYROLL DEDUCTION

My total annual gift

AMOUNT \$

A. I want to contribute the following amount each pay period:

- \$50 \$25 \$10 \$5

Other \$

B. I pledge % of my salary, for a total gift of \$

DIRECT GIFT

AMOUNT \$

Direct gift to be paid by:

- Cash
- Personal check (enclosed) Please make check payable to:United Way of Cecil County
- Credit Card
- Visa MasterCard American Express
- Card Number
- Expiration Date

MY GIFT OF \$750 OR MORE

qualifies me for membership in the Name of Leadership Giving Circle. My name will be listed as it appears above.

AMOUNT \$

Please list my/our name(s) as follows:

I prefer that my gift remain anonymous.

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

— option A —

INFLUENCE THE CONDITION OF ALL. United Way Community Care Fund.

The most powerful way to invest your contribution.

AMOUNT \$

— option B —

SUCCESSFUL CHILDREN AND FAMILIES

- Improving access to quality, affordable child care and early learning opportunities
- Providing after-school and mentoring programs for at-risk youth

HEALTH AND WELLNESS

- Increasing access to critical healthcare services
- Reducing substance abuse, child abuse and domestic violence
- Increasing health education and preventive care

INDEPENDENT LIVING

- Providing new and increased services to our aging population

OVERCOMING CRISIS

- Supporting basic needs

AMOUNT \$

AMOUNT \$

AMOUNT \$

AMOUNT \$

— option C —

Designated Contribution

AGENCY NAME AND ADDRESS (OR AGENCY CODE)

AMOUNT \$

Signature

Please check the accuracy of all your entries. Thanks for investing in United Way of Cecil County.

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You may also need a copy of your paystub, W-2 or other employer document showing the amount withheld and paid to a charitable organization for tax purposes. Consult your tax advisor for more information.