

# PLEDGE FORM



## STEP 1 YOUR INFORMATION

Dr.  Ms.  Mr.  Mrs. \_\_\_\_\_  
FIRST NAME M.I. LAST NAME SUFFIX

HOME ADDRESS \_\_\_\_\_

CITY STATE ZIP PREFERRED PHONE  Cell  Home  Work

PREFERRED EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

## STEP 2 YOUR GIFT CHOOSE AN OPTION:

### ROLLOVER MY 2020 PLEDGE

### PAYROLL DEDUCTION

Please complete sections A, B, and C.

**A** Amount per paycheck:  
 \$40  \$20  \$10  \$5  Other \$ \_\_\_\_\_

**B** Number of pay periods:  
 52 (paid weekly)  26 (paid every 2 weeks)  24 (paid twice a month)  12 (paid monthly)

**C** Total gift: \$ \_\_\_\_\_  
(AxB=C)

### DIRECT GIFT

Please complete section D.

**D**  Cash (enclosed)  Personal check (enclosed)  
Please make checks payable to United Way of Southwest Virginia.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ Check # \_\_\_\_\_

Additional gift information: \_\_\_\_\_

## STEP 3 YOUR SIGNATURE

By signing here, I commit to uphold this agreement and authorize my contribution, including my payroll deduction or one time give option.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_