

EASY, SIX-STEP PLEDGE CARD

LIVE UNITED™ GIVE. ADVOCATE. VOLUNTEER.



United Way of Asheville
and Buncombe County

STEP ONE: TELL US WHO YOU ARE

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 _____ EMAIL ADDRESS _____
(WE WILL NOT SHARE YOUR E-MAIL WITH A THIRD PARTY.)

COMPANY NAME _____

STEP TWO: SELECT PAYMENT OPTION

EASY PAYROLL DEDUCTION

My number of pay periods:

12 24 26 52

Other _____

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

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

Other \$ _____

2. **or** Fair Share: I pledge 1 % of my salary (or one hour's pay per month if under \$20,000)

Fair Share amount: \$ _____

ONE TIME CASH OR CHECK PAYMENT

My gift is enclosed.

Check (payable to United Way) # _____

Cash

CHARGE MY PAYMENT

One time Monthly Quarterly

Amount per payment: \$ _____

Visa Mastercard AMEX

Card #: _____ Exp: _____

SECURITIES

Please call 828-255-0696 for more information.

BILL ME DIRECTLY

One time Monthly Quarterly

\$52 pledge minimum. Home address required.

STEP THREE: MY TOTAL ANNUAL GIFT:

AMOUNT \$ _____
REQUIRED

STEP FOUR: MAKE YOUR GIFT

UNITED WAY COMMUNITY FUND

The most powerful way to invest your contribution in **EDUCATION, INCOME AND HEALTH** opportunities for everyone in Asheville and Buncombe County.

AMOUNT \$ _____

Designated Gift

Note: Volunteer citizen review is conducted for United Way partner agencies. United Way does not review non-partner agencies.

AMOUNT \$ _____

501(c)3 Health and Human Service Agency or Another United Way.

MINIMUM DESIGNATION IS \$52

STEP FIVE: TELL US ABOUT YOURSELF

I have been contributing to United Way since _____ (year).

My Gift of \$1,000 or more qualifies me as a Leadership Giver, alone or combined with my partner. (Gifts must be directed to United Way's Community Fund or a partner agency.)

Please list my/our name(s) in recognition materials as: _____

I/we prefer to remain anonymous.

I/we qualify for Highlands Circle. (I/we are 40 years of age or younger.)

I would like more information on Leadership Giving.

I would like more information on Planned Giving through United Way's HumanCare Endowment.

STEP SIX: SIGN AND DATE

REQUIRED TO PROCESS YOUR PLEDGE

SIGNATURE: _____

DATE: _____

THANK YOU FOR INVESTING IN UNITED WAY!

Please check the accuracy of all your entries.

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