

MY PLEDGE



FIRST NAME: _____ LAST NAME: _____

EMPLOYER: _____ EMAIL: _____

DONOR SIGNATURE: _____ DATE: _____

OPTIONAL PERSONAL INFORMATION

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

COMBINE MY GIFT WITH MY SPOUSE'S (SPOUSE'S NAME): _____

CHOOSE YOUR INVESTMENT

OPTION 1: MAXIMUM IMPACT: Support all United Way of Greater Lima programs

OPTION 2: DESIGNATION: Support a partner/program: _____

PAYROLL DEDUCTION

I authorize a payroll deduction of: \$ _____ per pay period

Pay Frequency (please choose one) Weekly Bi-Weekly Monthly Other: _____

TOTAL GIFT AMOUNT: \$ _____

DIRECT GIFT

CHECK/AMOUNT: \$ _____ (Payable to: United Way of Greater Lima) CASH/AMOUNT: \$ _____

CREDIT CARD/AMOUNT \$ _____ (Visit unitedwaylima.org to complete a credit card donation)

BILL ME DIRECTLY

Monthly Quarterly Semi-annually Annually TOTAL GIFT: \$ _____

UNITED WAY GIVING SOCIETY LEVELS

My gift/my gift combined with my partner's gift qualifies me/us for membership in the following United Way Giving Society:

- Friends- \$500-\$999 (\$10/wk)
- Partners- \$1,000- \$2,499 (\$20/wk)
- Advocates- \$2,500-\$4,999 (\$48/wk)
- Champions- \$5,000-\$9,999 (\$96/wk)
- Tocqueville- \$10,000 and above

This is a three part form. White Copy- Return to United Way
Yellow Copy- Company Payroll Department Pink Copy-Donor