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United Way of Washington County Individual 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 PREFERRED PHONE

EMAIL (by providing your email you are giving us permission to add you to our email contact list)

COMPANY NAME

**I am a
Loyal Contributor!**
A "Loyal Contributor" has been contributing to any United Way for more than 10 years.

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

Please circle one

LEADERSHIP GIVING Bronze - \$750-\$999 Silver - \$1,000-\$2,499 Gold - \$2,500-\$4,999 Platinum - \$5,000-\$9,999 Tocqueville Society - \$10,000 +

I/We would like to be recognized as follows: _____ Anonymous

Spouse's/Partner's Name _____ ex. John and Sally Doe
Spouse's/Partner's Workplace _____

PLEASE SELECT PAYMENT METHOD.

EASY PAYROLL DEDUCTION
The convenient way to give!
I want to give through payroll deduction:
\$ _____ per pay period x
_____ per pay periods = \$
_____ Total
I prefer a one-time payroll deduction of \$ _____

DIRECT GIFT
AMOUNT \$
Direct gift to be paid by:
 Cash
 Personal check (enclosed)
payable to United Way of
Washington County

DEBIT/CREDIT CARD
AMOUNT \$
Card Number _____
Exp. Date _____ CVV _____
 Please bill (\$100 minimum)
 Once Quarterly
Date to be billed _____

Signature _____

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

Community Impact Fund Specific Areas

**GENERAL COMMUNITY
IMPACT FUND***
EDUCATION Helping children and youth
achieve their potential through education
FINANCIAL STABILITY Helping families
become financially stable and independent
HEALTH Helping improve the health of our
community members
AMOUNT \$

**FOOD
INSECURITY
UNITED FUND**
Addressing the needs of our
community members who are
food insecure
AMOUNT \$

**VETERANS
UNITED
FUND**
Addressing the needs
of veterans in our
community
AMOUNT \$

**SUPPLEMENTAL
NEEDS UNITED
FUND**
Addressing the needs of our
community members who are
employed but are still struggling
AMOUNT \$

* Supporting the Community Impact Fund is the most powerful way to invest your contribution. Trained volunteers review nonprofits' requests for funding to insure informed decisions are made before investing your contribution locally. If you would like to designate your donation to a specific area of the General Community Impact Fund, please indicate here _____

Donor Designated Restricted Contribution: Please direct my gift to the 501(c)3 nonprofit listed below. Restrictions apply. Details on back.
Please Note: A \$240 minimum gift per nonprofit is the requirement.

NONPROFIT'S COMPLETE NAME AND ADDRESS

AMOUNT \$