



LIVE UNITED™

YOUR PLEDGE FORM

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

TOTAL GIFT \$ _____

CHECK NUMBER _____

BILL: ONE-TIME MONTHLY QUARTERLY

CREDIT CARD (CIRCLE ONE) VISA / MASTERCARD / DISCOVER

CARD NUMBER: _____

V CODE _____ EXPIRATION DATE: _____

HOW LONG HAVE YOU BEEN GIVING TO UNITED WAY ?

YEARS

~COMING SOON ~
LOYAL CONTRIBUTOR PROGRAM

SIGNATURE: _____

OPTIONAL. OPTIONAL. OPTIONAL. OPTIONAL. OPTIONAL. OPTIONAL. OPTIONAL. OPTIONAL. OPTIONAL. OPTIONAL. OPTIONAL. OPTIONAL.

(REMEMBER, restricted giving is not included in the program funding process)

Restricted Giving

I would like to restrict my gift to be used by another United Way: (Provide complete United Way name, city, state and zip. CANNOT be a specific agency at another United Way):

I would like to restrict my giving to be used by one of United Way's 26 Washington County partner agencies:

To learn more about your United Way, visit us online at www.unitedwaywashcounty.org