United Way

Individual Pledge Form

Please complete in order to have your gift appropriately acknowledged.

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

COMPANY NAME  EMAIL

☐ We would like to be recognized as follows:  ☐ Anonymous

Spouse's/Partner's Name  Spouse's/Partner's Workplace

United Way does not release, sell, lease or lend donor's names.

Please select payment method.

☐ PAYROLL DEDUCTION
The easiest way to give!
I want to give through payroll deduction:

$ _________ per pay period
x _________ per pay periods
= $ _________ Annual Gift Total

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, MD
☐ Securities (please call 301.739.8200 x13 when you are ready to transfer funds)

☐ Credit Card (please circle one - MC / Visa / Discover)
Card Number  
Expiration Date  

☐ Please Bill Me  ($100 minimum)
☐ Once  ☐ Quarterly
Date to be billed _______________________________

Please choose how you want to invest in your community.

☐ United Way Community Impact Fund: Provides program grants to local Washington County, MD charities.

The most powerful way to invest your contribution. Trained volunteers and staff study community conditions and meet with every agency applying for funding to ensure informed decisions are made before investing your contribution locally.

AMOUNT $

Specific Areas of Need:

☐ EDUCATION Helping children and youth achieve their potential through education

AMOUNT $

☐ FINANCIAL STABILITY Helping families become financially stable and independent

AMOUNT $

☐ HEALTH Improving people's health, safety and security

AMOUNT $

☐ BASIC NEEDS Providing access to the basic needs of life

AMOUNT $

Signature  Date:

Restricted Contribution  A $100 minimum gift per charity is required. We reserve the right to determine the final destination of funds.

IMPORTANT: Restrictions and conditions apply to all designated contributions. Read the full explanation at www.unitedwaywashcounty.org/designation-policy

AMOUNT $

The agency's complete name and address:

Please check the accuracy of all your entries. Thanks for investing in United Way.

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records.

You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.