

UNITED WAY

Individual Pledge Form

83 West Washington Street, Suite 101
Hagerstown, MD 21740
tel 301.739.8200
fax 301.797.2293



www.unitedwaywashcounty.org

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

I am a Loyal Contributor!

You are if you have been contributing to any United Way for more than 10 years.
I have been contributing to United Way since _____ (year).

We would like to be recognized as follows: _____ Anonymous
ex: Mr. & Mrs. John J. Doe

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

FINANCIAL STABILITY Helping families become financially stable and independent

HEALTH Improving people's health, safety and security

BASIC NEEDS Providing access to the basic needs of life

AMOUNT \$ _____

AMOUNT \$ _____

AMOUNT \$ _____

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.