

UNITED WE WIN.

LIVE UNITED

PLEDGE FORM



A gift to United Way will help us fight for the health, education and financial stability of every person in our community.

615.255.8501 | www.unitedwaynashville.org | 250 Venture Circle, Nashville, TN 37228

Questions about this pledge form? Contact: 615.780.2479

NAME (Last, First) _____ SPOUSE/PARTNER NAME (If joint gift) _____ COMPANY/LOCATION _____ PAY GROUP _____

ADDRESS (For credit card charges and direct bill gift options, address listed must be your billing address) _____ CITY _____ STATE _____ ZIP _____

EMPLOYEE ID _____ PHONE () - _____ DATE OF BIRTH (MM/DD/YY) _____ E-MAIL ADDRESS _____ PERSONAL WORK

Please list me/us in any recognition materials as follows: (ex. John & Jane Smith)

I wish to keep my gift anonymous.

1 HOW MUCH WILL YOU GIVE?

I WANT TO GIVE AT A LEADERS UNITED LEVEL

(Leaders United provide the foundation for a better community with a minimum annual gift of \$500 (\$9.61/week) or more.)

Eagle Level: \$500 - \$999 • Robertson Level: \$1,000 - \$2,499 • McGavock Level: \$2,500 - \$4,999 • Cockrill Level: \$5,000 - \$9,999 • Tocqueville Society Alpha Chapter Level: \$10,000+

\$ _____

OTHER

\$ _____

2 WHERE WILL YOUR GIFT GO?

I WANT UNITED WAY TO INVEST MY GIFT IN THE COMMUNITY FUND FOR THE GREATEST IMPACT

I WANT TO INVEST IN 1 OR ALL OF UNITED WAY'S 3 FOCUS AREAS

HEALTH \$ _____

EDUCATION \$ _____

FINANCIAL STABILITY \$ _____

OPTIONAL

(\$50 MINIMUM ANNUAL GIFT REQUIRED)

I WANT TO DESIGNATE TO AN AGENCY OR OTHER UNITED WAY

\$ _____

Agency name/number or United Way name _____

TOTAL GIFT:

\$ _____

3 PAYMENT METHOD

EASY PAYROLL DEDUCTION

I want my total gift to be divided evenly between my pay periods.

OF PAY PERIODS PER YEAR _____

DIRECT BILL (\$50 Annual Minimum)

Please bill me:

- Quarterly
- Annually

ONE-TIME GIFT

Gift to be paid by:

- Cash (enclosed)
- Personal check (enclosed)
- Credit Card* - Circle One - VISA MC AMEX DIS

ACCT # _____

EXP. _____

E-MAIL _____

STOCK GIFT

Please call 615.780.2451 when you are ready to transfer funds.

We will also follow up with you to confirm processing.

SIGNATURE REQUIRED: _____

Date: ____/____/____

Please check the accuracy of all your entries.