REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™

United Way Pledge Form

United Way of the Greater Clarksville Region

MR/MRS/MS/DR | FIRST NAME | MI | LAST NAME

HOME ADDRESS | CITY

STATE | ZIP | HOME PHONE | DAYTIME PHONE

COMPANY NAME

☐ My information has changed since last year.

☐ I'd like to hear from United Way about how my contribution is getting results.

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS *

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

☐ **EASY PAYROLL DEDUCTION**

My total annual gift

AMOUNT $

A. *I want to contribute the following amount each pay period:*

☐$50 ☐$25 ☐ $10 ☐$5

Other $

B. *I pledge my fair share (one hour's pay per month), for a total gift of $*

☐ **DIRECT GIFT or BILL**

AMOUNT $

Direct gift to be paid by:

☐Cash

☐Personal check (enclosed)

☐Please bill me for this pledge:

o Monthly o Quarterly

o Annually o Semi-Annually

☐ **MY GIFT OF $500 OR MORE**
qualifies me for membership in the Red River Society.

☐ **MY GIFT OF $1,000 OR MORE**
qualifies me for membership in the Cumberland Society.

❑Medallion ($1,000 - $2,499) ❑Silver ($2,500 - $4,999) ❑Gold ($5,000 - $9,999)

AMOUNT $

☐ Please list my/our name(s) as follows:

.....

☐ I prefer that my gift remain anonymous.

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

option A

☐ **INFLUENCE THE CONDITION OF ALL.**

The most powerful way to invest your contribution.

AMOUNT $

option B

☐ **EDUCATION** Helping children and youth achieve their potential through education

- Improving access to quality, affordable **child care** and early learning opportunities
- Partnering with schools and parents to improve **graduation rates**
- Providing after-school and mentoring programs for **at-risk youth**

AMOUNT $

☐ **INCOME** Helping families become financially stable and independent

- Supporting **basic needs** while increasing financial education
- Helping hardworking people obtain job training and **family-sustaining wages**
- Increasing affordable **housing** for **seniors** and families

AMOUNT $

☐ **HEALTH** Improving People's Health

- Increasing access to **critical healthcare services**
- Reducing substance abuse, **child abuse** and **domestic violence**
- Increasing health education and **preventive care**

AMOUNT $

option C

☐ **MONTGOMERY COUNTY**

AMOUNT $

☐ **HOUSTON COUNTY**

AMOUNT $

☐ **STEWART COUNTY**

AMOUNT $

option D

☐ **Restricted Contribution**

AMOUNT $

AGENCY NAME AND ADDRESS (OR AGENCY CODE)

Signature

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.

White Copy: United Way | Yellow Copy: Company Payroll Department | Pink Copy: Donor