

# UNITED WAY

## Individual Pledge Form

33 West Franklin Street Suite 203  
Hagerstown, MD 21740  
tel 301.739.8200  
fax 301.797.2293

[www.unitedwaywashcounty.org](http://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 \_\_\_\_\_

**Restricted Contribution** A \$100 minimum gift per charity is required.

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