

**Make  
YOUR  
Impact**



(1958—2008)

## 2008-09 United Way of Union County Pledge Form

Mr.  Mrs.  Ms.  Dr.

First Name

Last Name

Home Address

City

Zip Code

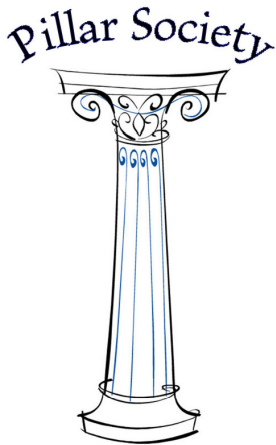
E-mail Address (United Way will not share your address with any third party)

Today's Date

Employer

Signature (Required for payroll deductions and credit card pledges) \_\_\_\_\_

### How do you want to make your impact?



United Way of Union County

**GO FOR THE GOLD!**  
 Help United Way celebrate its Golden Anniversary of 50 years in Union County and be a Gold Level Member of our exclusive Pillar Society.

- Platinum Pillar \$2,500 +
- Gold Pillar \$1,000 - \$2,499
- Silver Pillar \$750 - \$999
- Bronze Pillar \$500 - \$749

**EASY PAYROLL DEDUCTION**

\$50  \$25  \$20  \$10  \$5  Other \$ \_\_\_\_\_

} Per pay for \_\_\_\_\_ pay periods for an annual amount of: \$ \_\_\_\_\_

**EASY AUTOMATIC PAYMENT - (Please send voided check with completed pledge form.)**

I authorize United Way of Union County to debit my checking account the following amount on the 5th day of every month in 2009:

\$50  \$25  \$20  \$10  \$5  Other \$ \_\_\_\_\_

} Per month (x 12) for an annual amount of: \$ \_\_\_\_\_

Bank: \_\_\_\_\_ Routing #: \_\_\_\_\_  
 Checking Account#: \_\_\_\_\_

**CHARGE MY CREDIT CARD** \$ \_\_\_\_\_

MasterCard  Visa  American Express

Account Number

Expiration Date

**ONE-TIME CHECK INVESTMENT** Check No: \_\_\_\_\_ \$ \_\_\_\_\_

**ONE-TIME CASH INVESTMENT** \$ \_\_\_\_\_

**BILLED PLEDGE** United Way will bill me quarterly in 2009 for my pledge of: \$ \_\_\_\_\_

I wish to remain anonymous.  Send me information about volunteer opportunities.

**DID YOU KNOW?**  
 When you give \$100 or more to United Way you receive a FREE Community Care Card?

**Community Care Card**

Visit us online at [www.unitedwayofunioncounty.org](http://www.unitedwayofunioncounty.org) for a list of participating businesses and discounts.

### Where do you want to make your impact?

In the areas that need it most. United Way will leverage my dollars to make an even greater impact in my community.

OR

Designate my gift to the following Impact Area (Investments must be \$50 or more to designate)

Emergency & Basic Needs  Health & Human Services  Senior Services  Youth Services

OR

United Way agency of your choice: \_\_\_\_\_  
 (Must be \$50 or more and directed to a United Way Member Agency or a United Way in another community to be processed.)

White copy to United Way      Yellow copy to Employer      Pink copy to Investor