

Pledge Form

308 Craghead Street #102E Danville, VA 24541 434-792-3700 www.unitedwaydpc.org

My Name:	
My Home Address:	
City: State: Zip Coo	de:
Email:	Phone:
Age: ☐ under 25 ☐ 26-50 ☐ 51-64 ☐ 65+☐ I am retiring in the next 12 months. Please keep in touch so I can learn about impact of my gift and volunteer opportunities.	I have supported the United Way for: ☐ First time ☐ 1-4 years ☐ 5-9 years ☐ 10-19 years ☐ 20-24 years ☐ 25+ years
OPTION 1: Payroll Deduction	OPTION 1: Pay Now
I authorize my employer to withhold from EACH PAY CHECK:	□CASH □CHECK Total amount of \$
□\$2.00 □\$5.00 □ \$7.00 □\$10.00 □other	or scan here to pay online (processing fees apply):
My Total Pledge this year will be \$ Signature:	Total amount of \$

My spouse is ______ and is employed at _____