



308 Craghead Street, Ste 104
Danville VA 24541

Tel. 434-792-3700
www.unitedwaydpc.org

UNITED WAY PLEDGE FORM

“100 Years of HEALING THE HARDSHIPS”

My Employer: _____

My Name: _____ Today's Date: _____

My Home Address: _____

City: _____ State _____ Zip: _____

Email: _____ Phone: _____

Age: under 25 26-50 51-64 65+

I'm retiring in the next 12 months. Please keep in touch so I can learn about the impact of my gift and volunteer opportunities.

I've supported United Way for:

- 1st time 1-4 years 5-9 years
- 10-19 years 20-24 years 25+ years

OPTION 1 - PAYROLL DEDUCTION
I authorize my employer to withhold from EACH PAY CHECK : <input type="checkbox"/> \$2.00 <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$7.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> other _____ My Total Pledge this year will be \$ _____ Signature: _____

OPTION 2 - PAY NOW <i>(Check all that applies)</i>
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK Total amount of \$ _____ Visit www.unitedwaydpc.org , select the "Donate Now" button for: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PayPal Total amount of \$ _____ (processing fees apply)

TORCH CLUB: Consider being a part of this leadership group with an individual or combined spousal pledge of \$500 or more, if your spouse contributes at their workplace

My spouse is _____ and employed at _____.

Designations to a specific agency requires a minimum yearly pledge of \$25 - See your campaign coordinator for designation forms.