United Way Pledge Form

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

LIVE UNITED™

United Way
Calvert County

P.O. Box 560
Prince Frederick, MD 20678
(410) 286-0100
(410) 535-8987 Fax

unitedway@unitedwaycalvert.org
WWW.UNITEDWAYCALVERT.ORG

Personal Information

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

- ❑ I have been contributing to United Way for _____ years.
- ❑ 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 E-MAIL ADDRESS *

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

❑ EASY PAYROLL DEDUCTION

My total annual gift

AMOUNT $

I want to contribute the following amount each pay period:

☐ $50 ☐ $25 ☐ $10 ☐ $5
Other $

❑ STOCK OR SECURITIES

Please call 410-286-0101 to transfer funds.

❑ DIRECT GIFT

AMOUNT $

Direct gift to be paid by:

☐ Cash ☐ Personal check

☐ Charge (Circle Frequency)
One-time Monthly Quarterly

CARDHOLDER NAME

CREDIT CARD # EXP. DATE

❑ MY GIFT OF $1,000 OR MORE

qualifies me for membership in the Avian Leadership Giving Society. My name will be listed as it appears above.

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.

❑ INFLUENCE THE CONDITION OF ALL. United Way Community Impact Fund.

The most powerful way to invest your contribution. AMOUNT $

...Or target your gift to a United Way impact area:

Build Bridges To **SUCCESS FOR CHILDREN & YOUTH** AMOUNT $

Meeting **BASIC HUMAN NEEDS** AMOUNT $

Fostering **FAMILY HEALTH & SAFETY** AMOUNT $

❑ UNITED WAY SPECIAL INITIATIVES

Women's Initiative AMOUNT $

Success By 6 Initiative AMOUNT $

Your Weekly Gift Of:

- **$1** Provides school supplies for a child in need.
- **$5** Provides a prescription for someone without health insurance.
- **$10** Helps an abused mother and child find emergency shelter and counseling.
- **$20** Provides education and mentoring for 1 month to a young mom or dad.
- **$25** Assists a struggling family with a rent or mortgage payment.

Restricted Contribution
501(c)3 Tax-Exempt
United Way Partner Agencies
As a service to our corporate partners, we can process a donation made to other United Way's or a United Way of Calvert County partner agency.

Agency Name

Thank you for investing in United Way of Calvert County.

Signature _____

Please check the accuracy of all your entries. United Way of Calvert County applies a 10% processing fee for designations made to partner agencies and United Way organizations outside of the tri-county area.