

EASY, SIX-STEP PLEDGE CARD

LIVE UNITED[®]

GIVE. ADVOCATE. VOLUNTEER.



United Way of Asheville
and Buncombe County

STEP ONE: TELL US WHO YOU ARE (WE WILL NOT SHARE YOUR INFORMATION OUTSIDE UNITED WAY.)

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: WORK CELL _____ EMAIL ADDRESS: WORK HOME _____

COMPANY NAME _____

STEP TWO: MY TOTAL ANNUAL GIFT REQUIRED TO PROCESS YOUR PLEDGE

AMOUNT \$ _____

STEP THREE: SELECT PAYMENT OPTION

EASY PAYROLL DEDUCTION

My number of pay periods:

12 24 26 52

Other _____

1. Fair Share: I pledge 1 % of my salary (or one hour's pay per month if under \$20,000)

Fair Share amount: \$ _____

or PLEASE CALCULATE

2. I want to contribute the following amount each pay period:

\$50 \$25 \$10 \$5

Other \$ _____

ONE TIME CASH OR CHECK PAYMENT

My gift is enclosed.

Check (payable to United Way) # _____

Cash

CHARGE MY PAYMENT*

One time Monthly Quarterly

Starting on: _____

Visa Mastercard AMEX Exp: _/ _/

Card #: _/ _/ _/

BILL ME DIRECTLY*

\$52 pledge minimum. Home address required.

One time Monthly Quarterly

Starting on: _____

SECURITIES

Please call 828-255-0696 for more information.

*Pledges less than \$250 will be billed or charged upon receipt

STEP FOUR: SHARE YOUR GIFT

UNITED WAY COMMUNITY FUND

The most powerful and effective way to invest in your community. By combining your gift with those of your fellow donors, you are helping create long lasting change in the areas of **Education, Income and Health.**

AMOUNT \$ _____

Designated Gift

Designated gifts do not benefit from the review process used to invest Community Fund contributions.

AMOUNT \$ _____

MINIMUM DESIGNATION IS \$52

501(c)3 Health and Human Service Agency or Another United Way.

STEP FIVE: TELL US ABOUT YOURSELF

I have been contributing to United Way since _____ (year).

My Gift of \$1,000 or more qualifies me as a Leadership Giver, alone or combined with my partner. (Gifts must be directed to United Way's Community Fund or a funded community partner.)

I/We qualify for Highlands Circle. (I/we are 40 years of age or younger.)

Please list my/our name(s) in recognition materials as: _____

I/We prefer to remain anonymous.

I would like more information on Leadership Giving.

I would like more information on Planned Giving through United Way's HumanCare Endowment.

I would like to be e-mailed information on volunteering through Hands On Asheville-Buncombe.

STEP SIX: SIGN AND DATE

REQUIRED TO PROCESS YOUR PLEDGE

SIGNATURE: _____ DATE: _____

Please check the accuracy of all your entries.

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please make a copy of this form for your records. You will also need a copy of your pay stub, W-2 or other employer documents showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

THANK YOU

FOR INVESTING IN UNITED WAY!