

United Way of Forsyth County  
**PLEDGE FORM**

PO Box 1350  
 Cumming, GA 30028  
 770.781.4110  
 www.UnitedWayForsyth.com



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME
<input type="text"/>			<input type="text"/>
HOME ADDRESS (FOR CREDIT CARD CHARGES, ADDRESS LISTED MUST BE YOUR BILLING ADDRESS.)			CITY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STATE	ZIP	HOME PHONE	DAYTIME PHONE
<input type="text"/>			<input type="text"/>
COMPANY NAME			EMPLOYEE ID

Register me for the  
**United Way**  
**Loyal Contributors Program**  
 I have been contributing to  
 United Way for \_\_\_\_ years.

**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 EMAIL ADDRESS\*

**PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.**

EASY PAYROLL DEDUCTION

My total annual gift

I want to contribute the following amount each pay period:

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

Other \$

My pay period is:

or

I want to make a one-time payroll contribution

DIRECT GIFT

Direct gift to be paid by:

Cash  Personal check (enclosed)

Billing:  monthly  quarterly  one time

date

Credit/Debit Card

*For your protection, we no longer collect credit card information on the pledge form. Please write your pledge amount and email address above, and a representative from United Way of Forsyth County will send you an online invoice to be paid via credit card.*

MY GIFT OF \$500 OR MORE

or my gift in combination with my spouse qualifies me/us for membership in the "Leadership Circle".

Please list my/our name(s) as follows:

.....

.....

I prefer that my gift remain anonymous.

**MY INVESTMENT OPTIONS**

option A

**INFLUENCE THE CONDITION OF ALL.** United Way Community Impact Fund - The most powerful way to invest your contribution.

option B

**UNITED WAY IMPACT AREAS** Please use my investment to help one or more of the Impact Areas below

**EDUCATION** United Way works to make sure children and youth have a foundation to reach their full potential.

**FINANCIAL STABILITY** United Way works to make sure individuals and families are financially secure and self-reliant.

**HEALTH** United Way works to make sure individuals are physically, socially and emotionally healthy.

**BASIC NEEDS** United Way works to make sure people are able to meet their basic needs for food, shelter and safety.

option C

**UNITED WAY OF FORSYTH COUNTY PARTNER AGENCY\*** Please designate my investment to the specific agency listed below

*\* You may direct all or a portion of your gift to support a United Way of Forsyth County partner agency. Contributions may revert to United Way's Community Impact Fund if the designated agency does not qualify as a partner agency of UWFC. For a list of partner agencies please call the United Way office at 770.781.4110.*

**ANOTHER UNITED WAY\*\*** Please designate my investment to the specific United Way listed below

**\*\* Donor designated contributions to a specific United Way may be assessed management and general and/or fundraising fees based on actual historical costs in accordance with United Way Worldwide Membership Standards.**

Signature

Please check the accuracy of all your entries.  
**Thank You** for investing in United Way.

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