

## 2024 PLEDGE FORM





About YOU			
NAME (PLEASE PRINT)			
HOME ADDRESS - STREET			
CITY			ZIP
EMAIL ADDRESS TO RECEIVE THANK YOU/TAX RECEIPT AND UWSCM UPDATES		PHONE Home C	:ell
COMPANY NAME			
Your SUPPORT			
PAYROLL DEDUCTION	Number of Pay Periods	Amount per Pay Pe	eriod Total Pledge
	12	\$5 □\$10 □\$20 □\$	\$
Join our CIRCLE OF FRIENDS: Giving and living UNITED to circle our community.  FRIEND: \$1 - \$49			
<ul> <li>☐ An Impact Area or other local United Way. Designations are allowed for donations of \$52 or greater.</li> <li>☐ Health</li> <li>☐ Education</li> <li>☐ Financial Stability</li> <li>☐ Basic Needs</li> <li>☐ United Way of my home town \$</li> <li>and/or UWCM Women's Initiative \$</li> </ul>			
Our Endowment: Ensures sustainable funding for future generations \$ (Please indicate amount)			
Your SERVICE			
We live better when we LIVE UNITED. Tell us if you are interested in ways you can GIVE, ADVOCATE, or VOLUNTEER.			
VOLUNTEER OPPORTUNITIES	COMMITTEES AND BOAR	D INVOLVEMENT	PLANNED GIVING/BEQUESTS
Signature:	e: Date:		