

**UNITED WAY OF CENTRAL GEORGIA EMPLOYEE PLEDGE FORM** (PLEASE PRINT CLEARLY)



**Contact**

MR. | MRS. | MS. | DR. (Include before Name below)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

This is a joint gift with my spouse/partner

Spouse/Partner Name \_\_\_\_\_ Company \_\_\_\_\_

Mobile Phone \_\_\_\_\_

(Please check) Interested in receiving text communications

E-Mail \_\_\_\_\_

Company \_\_\_\_\_

I.D. # \_\_\_\_\_

**Investment**

**A Payroll Deduction**

1. For each paycheck I receive, please deduct:  \$50  \$25  \$10  \$5  \$3  Other: \_\_\_\_\_

2. My pay period is:  Weekly (52 per year)  Twice a month (24 per year)  Every two weeks (26 per year)

Monthly (12 per year)  Other: \_\_\_\_\_

\$ \_\_\_\_\_ x \_\_\_\_\_ = \$

*Payroll Deduction # of Pay Periods*

---

**B One Time Gift**

**Cash:** My gift is enclosed

**Check:** My gift is enclosed  
*Make check payable to: United Way of Central Georgia*

**Stock or Securities:**  
*Please call 478.745.4732 Ext. 105*

**Credit Card:** Please charge my  Mastercard  Visa  American Express  Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

\$

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Total Gift** \$

*Please note: United Way of Central Georgia's policy is to honor designations to partner agencies, but if unable to do so for any reason, your signature grants variance power on your contribution and authorizes distribution of your contribution for any charitable purpose and to any tax-exempt nonprofit organization in order to meet the needs of the community. The IRS requires donors to have a bank record or written substantiation for contributions to charitable organizations. United Way of Central Georgia will provide written substantiation as required by the IRS. No goods or services were provided, in whole or in part, in consideration for this contribution.*

**Choose Where to Make an Impact**

**United Way's Community Impact Fund** (Best way to help the most local people)

---

**Read United**     **Pink Promise United**     **Economic Stability**

**Mission United**     **Improve Childhood Success**     **2-1-1**

**Play United**     **Access to Health**     **Break Cycle of Family Poverty**

---

**Specific United Way Partner Agency** \_\_\_\_\_

*(list of partner agencies can be found at unitedwaycg.org)*

A minimum \$25 gift is required to process designations. United Way cannot accept designations to non-partner agencies. Such designations will be added to the Community Impact Fund. United Way deducts a fee from designated gifts based on actual fundraising and processing expenses incurred.

**Recognition**

**Loyal Contributor recognizes and celebrates individuals who have supported United Way for 10+ years**

How many years? \_\_\_\_\_

**Volunteer**

**Please check here if you would like to learn more about volunteer opportunities.**

White - United Way

**UNITED WAY OF CENTRAL GEORGIA EMPLOYEE PLEDGE FORM** (PLEASE PRINT CLEARLY)



**Contact**

MR. | MRS. | MS. | DR. (Circle One)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

This is a joint gift with my spouse/partner

Spouse/Partner Name \_\_\_\_\_ Company \_\_\_\_\_

Mobile Phone \_\_\_\_\_

(Please check) Interested in receiving text communications

E-Mail \_\_\_\_\_

Company \_\_\_\_\_

I.D. # \_\_\_\_\_

**Investment**

**A Payroll Deduction** 1. For each paycheck I receive, please deduct:  \$50  \$25  \$10  \$5  \$3  Other: \_\_\_\_\_

2. My pay period is:  Weekly (52 per year)  Twice a month (24 per year)  Every two weeks (26 per year)

Monthly (12 per year)  Other: \_\_\_\_\_

$$\begin{matrix} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \\ & \text{Payroll Deduction} & & \text{\# of Pay Periods} & & \end{matrix}$$

**B One Time Gift**  **Cash:** My gift is enclosed  **Check:** My gift is enclosed  **Stock or Securities:**

*Make check payable to: United Way of Central Georgia* *Please call 478.745.4732 Ext. 105*

**Credit Card:** Please charge my  Mastercard  Visa  American Express  Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Total Gift** \$ \_\_\_\_\_

*Please note: United Way of Central Georgia's policy is to honor designations to partner agencies, but if unable to do so for any reason, your signature grants variance power on your contribution and authorizes distribution of your contribution for any charitable purpose and to any tax-exempt nonprofit organization in order to meet the needs of the community. The IRS requires donors to have a bank record or written substantiation for contributions to charitable organizations. United Way of Central Georgia will provide written substantiation as required by the IRS. No goods or services were provided, in whole or in part, in consideration for this contribution.*

**Choose Where to Make an Impact**

**United Way's Community Impact Fund** (Best way to help the most local people) \_\_\_\_\_ **OR**

**Read United**  **Pink Promise United**  **Economic Stability**

**Mission United**  **Improve Childhood Success**  **2-1-1**

**Play United**  **Access to Health**  **Break Cycle of Family Poverty** \_\_\_\_\_ **OR**

**Specific United Way Partner Agency** \_\_\_\_\_

*(list of partner agencies can be found at unitedwaycg.org)*

A minimum \$25 gift is required to process designations. United Way cannot accept designations to non-partner agencies. Such designations will be added to the Community Impact Fund. United Way deducts a fee from designated gifts based on actual fundraising and processing expenses incurred.

**Recognition**

**Loyal Contributor recognizes and celebrates individuals who have supported United Way for 10+ years**

How many years? \_\_\_\_\_

**Volunteer**

**Please check here if you would like to learn more about volunteer opportunities.**

**Yellow - Company**

**UNITED WAY OF CENTRAL GEORGIA EMPLOYEE PLEDGE FORM** (PLEASE PRINT CLEARLY)



**Contact**

MR. | MRS. | MS. | DR. (Circle One)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

This is a joint gift with my spouse/partner

Spouse/Partner Name \_\_\_\_\_ Company \_\_\_\_\_

Mobile Phone \_\_\_\_\_

(Please check) Interested in receiving text communications

E-Mail \_\_\_\_\_

Company \_\_\_\_\_

I.D. # \_\_\_\_\_

**Investment**

**A Payroll Deduction** 1. For each paycheck I receive, please deduct:  \$50  \$25  \$10  \$5  \$3  Other: \_\_\_\_\_

2. My pay period is:  Weekly (52 per year)  Twice a month (24 per year)  Every two weeks (26 per year)

Monthly (12 per year)  Other: \_\_\_\_\_

$$\begin{matrix} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \\ & \text{Payroll Deduction} & & \text{\# of Pay Periods} & & \end{matrix}$$

**B One Time Gift**  **Cash:** My gift is enclosed  **Check:** My gift is enclosed  
*Make check payable to: United Way of Central Georgia*  **Stock or Securities:**  
*Please call 478.745.4732 Ext. 105*

**Credit Card:** Please charge my  Mastercard  Visa  American Express  Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Total Gift** \$ \_\_\_\_\_

*Please note: United Way of Central Georgia's policy is to honor designations to partner agencies, but if unable to do so for any reason, your signature grants variance power on your contribution and authorizes distribution of your contribution for any charitable purpose and to any tax-exempt nonprofit organization in order to meet the needs of the community. The IRS requires donors to have a bank record or written substantiation for contributions to charitable organizations. United Way of Central Georgia will provide written substantiation as required by the IRS. No goods or services were provided, in whole or in part, in consideration for this contribution.*

**Choose Where to Make an Impact**

**United Way's Community Impact Fund** (Best way to help the most local people) \_\_\_\_\_ **OR**

**Read United**  **Pink Promise United**  **Economic Stability**

**Mission United**  **Improve Childhood Success**  **2-1-1**

**Play United**  **Access to Health**  **Break Cycle of Family Poverty** \_\_\_\_\_ **OR**

**Specific United Way Partner Agency** \_\_\_\_\_

*(list of partner agencies can be found at unitedwaycg.org)*

A minimum \$25 gift is required to process designations. United Way cannot accept designations to non-partner agencies. Such designations will be added to the Community Impact Fund. United Way deducts a fee from designated gifts based on actual fundraising and processing expenses incurred.

**Recognition**

**Loyal Contributor recognizes and celebrates individuals who have supported United Way for 10+ years**

How many years? \_\_\_\_\_

**Volunteer**

Please check here if you would like to learn more about volunteer opportunities.

**Pink-Donor**