White - United Way

Please check here if you would like to learn more about

volunteer opportunities.

UNITED WAY OF CENTRAL GEORGIA WORKPLACE PLEDGE FORM (PLEASE PRINT CLEARLY) MR. | MRS. | MS. | DR. (Circle One) Name _____ **United Way of Central Georgia** Home Address Mobile Phone City/State/Zip Company______I.D. #__ This is a joint gift with my Spouse/Partner - Name Spouse/Partner Company List My/Our Name in publications as A Payroll Deduction: FNIOY SPECIAL **REWARDS!** 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: CARING CLUB® B One Time Gift: Cash: My gift is enclosed Check: My gift is enclosed Stock or Securities: By donating \$156 (\$3 a week) or more Make check payable to: United Way of Central Georgia Please call: 478.621.7798 annually, you will automatically enjoy the rewards of a Caring Club® membership. Credit Card: Please charge my | Mastercard | Visa | American Express | Discover You will receive great discounts on food. Card # Expiration Date \$ entertainment and valuable services. For more details visit www.unitedwaycg.org/caringclub Signature_____ Date _____ Total Gift \$ Please note: United Way of Central Georgia's policy is to honor designations to Program 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. If your contribution or combined contribution of you and your United Way Community Impact Fund Best way to help the most local people spouse/partner totals \$1000 or more in a campaign year, you qualify as a Leadership donor. Membership in J. Clay Murphey Society is for anyone who makes an annual contribution of \$1,000-\$9,999 to United Way of Central Georgia. Read United Pink Promise United **Brookdale Resource Center** Recognition Mission United Birth Through Eight Community Schools United Loyal Contributor- United Way recognizes and celebrates those who have supported UW for 10+ years. How many years?_____ United Way Program Partner Agency

(list of Program Partner Agencies can be found online at unitedwaycg.org)

actual fundraising and processing expenses incurred.

A minimum \$25 gift is required to process designations. United Way deducts a fee from designated gifts based on

Yellow- Company

UNITED WAY OF CENTRAL GEORGIA WORKPLACE PLEDGE FORM (PLEASE PRINT CLEARLY) MR. | MRS. | MS. | DR. (Circle One) Name _____ **United Way of Central Georgia** Home Address Mobile Phone City/State/Zip Company______I.D. #__ This is a joint gift with my Spouse/Partner - Name Spouse/Partner Company List My/Our Name in publications as A Payroll Deduction: **ENJOY SPECIAL REWARDS!** 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: CARING CLUB® B One Time Gift: Cash: My gift is enclosed Check: My gift is enclosed Stock or Securities: By donating \$156 (\$3 a week) or more Make check payable to: United Way of Central Georgia Please call: 478.621.7798 annually, you will automatically enjoy the rewards of a Caring Club® membership. Credit Card: Please charge my | Mastercard | Visa | American Express | Discover You will receive great discounts on food. Card # Expiration Date \$ entertainment and valuable services. For more details visit www.unitedwaycg.org/caringclub Signature_____ Date _____ Total Gift \$ Please note: United Way of Central Georgia's policy is to honor designations to Program 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.

Read United	☐ Pink Promise United	☐ Brookdale Resource Center
Mission United	Birth Through Eight	☐ Community Schools United
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If your contribution or combined contribution of you and your spouse/partner totals \$1000 or more in a campaign year, you qualify as a Leadership donor. Membership in J. Clay Murphey Society is for anyone who makes an annual contribution of \$1,000-\$9,999 to United Way of Central Georgia.

Loyal Contributor- United Way recognizes and celebrates those who have supported UW for 10+ years.

How many years?_____

Volunteer

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

Blue - Donor

UNITED WAY OF CENTRAL GEORGIA WORKPLACE PLEDGE FORM	(PLEASE PRINT CLEARLY,
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Home Address		Mob	ile Phone	
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Spouse/Partner Company_		List My/Our Name in publications a	s	
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	Credit Card: Please charge my Card #	ayable to: United Way of Central Georgia Mastercard Visa American Exp Expiration Date Date	Please call: 478.621.7798 ress	By donating \$156 (\$3 a week) or more annually, you will automatically enjoy the rewards of a Caring Club® membership. You will receive great discounts on food, entertainment and valuable services. For more details visit www.unitedwaycg.org/caringclub
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Volunteer

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volunteer opportunities.

Give to United Way!

RAISED STAYS RESULTS HERE

Monies raised in United Way of Central Georgia's annual fundraising campaign are all invested in Central Georgia to fund both our partner organization's programs as well as our own community-wide initiatives.



United Way of Central Georgia