

PLEDGE FORM

CONTACT INFO

Mr. Mrs. Ms. Dr. Full Name: _____ Employer: _____

Spouse's Name: _____ Published Name(s): _____

I wish to keep my gift anonymous

Home Address: _____ City: _____ State: _____ Zip: _____

(Must be the same as billing address if the desired payment method is credit card.)

Cell Phone: _____-_____-_____ Date of Birth: ____/____/_____

(United Way only uses personal information to acknowledge your gift, provide necessary tax receipts, record donor demographics, etc.)

Work Email: _____ Home Email: _____ Preferred Email: Work Home

I have included United Way in my will or estate plan.

I am interested in including United Way in my will or estate plan.

MY GIFT

Select donation amount.

Part A

- \$10,000
- \$5,000
- \$2,500
- \$1,000
- \$500
- \$250
- Other \$ _____

Part B

In addition to my annual contribution, I would like to provide a child with an Imagination Library book each month for a year at the cost of \$25/year.

Number of children I wish to sponsor _____ x \$25 = \$ _____.

I wish to sponsor children in (select one)

- Rutherford Co.
- Cannon Co.

Select method of payment.

Payroll Deduction

I want to contribute \$ _____ each pay period.

I am paid:

- Weekly (52 times annually)
- Bi-Weekly (26 times annually)
- Semi-Monthly (24 times annually)
- Other: _____

Check Enclosed

Check #: _____

Date: _____

Amount: \$ _____

Cash Enclosed

Amount: \$ _____

Charge/Credit Card (\$25 minimum)*

Card Number: _____

Exp: ____/____ CVV: _____

Bank Draft (voided check attached)*

(Deducted directly from my bank account beginning in 2023)

*For Credit Card or Bank Draft

Choose frequency: ___Weekly ___Monthly

___Quarterly ___One-time

Total Gift: _____ Installments of: _____

_____ Automatic Yearly Renewal (credit card or bank draft)
(Please automatically renew my donation in January each year via credit card or bank draft based on this pledge information. To cancel automatic renewal please inform us in writing via email to lucie.burchfield@yourlocaluw.org)

MY DESIGNATION

I want United Way to invest my gift in the Community Fund for the greatest impact.

OR

I want my gift to go to the following focus areas:

- Mental Health & Substance Abuse
- School Readiness
- Basic Needs & Family Success
- Housing
- Nutrition & Obesity

OR

I want to designate to a specific 501(C)(3), or another United Way. (A \$50 minimum is required for each designation. Both EIN Number & Agency name are required.)

Designations may only be made to 501(c)(3)s by providing their government designated EIN number and agency name below. United Way only honors designations to 501(c)(3)s. If EIN is not legible or complete, or if the organization is not a 501(c)(3), United Way reserves the right to redirect your investment to its Community Impact Fund. Designations below \$50 will be applied to the United Way's Community Impact Fund. UWRCC is not able to monitor how agencies use designated gifts. Contributing to the Community Impact Fund or toward the Bold Goals 2030 allows UWRCC to ensure that gifts are used to drive measurable change in human services.

EIN # _____ Agency Name _____
(Required) (Required)

TOTAL PLEDGE GIFT: (Part A+B)

SIGNATURE: (Required)

DATE:

Account # (for staff use only) _____

Please make a copy for your records.

UNITED WAY OF RUTHERFORD & CANNON COUNTIES
P.O. BOX 330056 | MURFREESBORO, TN 37133
615-893-7303 | YOURLOCALUW.ORG



United Way of Rutherford & Cannon Counties