

PLEDGE FORM

Please fill out the following completely. All personal information is never shared with third parties.



	ne Address:			
Dity:	State:	Zip:		
Home Phone:	Work Phone:	Cell Phone:		
Employer Name:				
Email Address:				
Please send information about Estate Plan	nning and remembering United \	Nay in my will. □ I have already included UWWV in my will.		
EIVING OPTIONS DEASY PAYROLL DEDUCTION: want to contribute the following amount per S x = \$		☐ PAY IT NOW: \$ Gifts to be paid via: OCash (enclosed) OPersonal check (enclosed) Check # Check Date: OVisa OMastercard ODiscover OAMEX Card #: Exp. Date:		
BILL ME AT HOME (\$50 minimum) A	mount \$	Billing Zip Code: Security Code: O One Time O Monthly O Quarterly		
	Total Pledge	☐ SECURITIES: (Contact United Way for details)		
One Time O Monthly O Quarterly Silling Start Date:		☐ AUTO DRAFT from bank account (Contact United Way for details)		
Your gift will be combined w	ENCE THE CONDITION OF ALL vith thousands of others in Wyomi	YOUR COMMUNITY L - LIVE UNITED The most powerful way to invest your contribution. ng Valley to reduce poverty among children by helping local at-risk families be- families that face threats to their immediate well-being.		
COLLE SEIT-SUITICIELLE, WHITE II		y to learn and move through school and beyond graduation with confidence.		
	or or maror rontor randorgantor road	y to learn and move through school and beyond graduation with confidence.		
\$ EDUCATION - Helping at-ri	individuals and families achieve			
\$ EDUCATION - Helping at-risk INCOME - Helping at-risk	individuals and families achieve			
\$ EDUCATION - Helping at-risk INCOME - Helping at-risk	k individuals and families achieve	greater financial stability.		
\$ EDUCATION - Helping at-risk \$ INCOME - Helping at-risk \$ HEALTH - Helping at-risk of \$ TOTAL (excluding end	k individuals and families achieve children and families achieve good dowment gifts)	greater financial stability.		
\$ EDUCATION - Helping at-risk \$ INCOME - Helping at-risk \$ HEALTH - Helping at-risk or \$ TOTAL (excluding end \$ ENDOWMENT - Helping to	t individuals and families achieve children and families achieve good dowment gifts) to guarantee our ability to respond	greater financial stability. If health and avoid risky behaviors.		
\$ EDUCATION - Helping at-risk \$ INCOME - Helping at-risk \$ HEALTH - Helping at-risk or \$ TOTAL (excluding end \$ ENDOWMENT - Helping to	a individuals and families achieve children and families achieve good dowment gifts) to guarantee our ability to responde	greater financial stability. If health and avoid risky behaviors. If to the changing landscape of the Wyoming Valley for generations to come. Inited Way of in the amount of \$ (\$50 minimum)		

PLEASE SEE REVERSE SIDE...



LEADERSHIP GIVING

	Yes, I am a Leadership Contributor. In recognition of my gift, please list my/our name(s) exactly as follows:
(If vo	bu would prefer to remain anonymous, please indicate above)

☐ My gift should be combined with my spouse's.

Spouse's Name

Employer _____

 $\hfill \Box$ Yes, I'm a member of a Labor Union. Please indicate Union Membership below:

Union Name

Local #

☐ I am interested in supporting the United Way's Dolly Parton Imagination Library, please contact me with more information.

☐ United Way's Loyal Contributor Program recognizes individuals who have given to the United Way for 10 years or more. I have been contributing to United Way for ____ years.

ALEXIS DE TOCQUEVILLE SOCIETY

An annual gift of \$10,000 or more

DOROTHY DARLING SOCIETY

An annual gift of \$5,000 to \$9,999

VALLEY CHAMPION

Ruby Crest \$2,500-\$4,999 Emerald Crest \$1,000-\$2,499

VALLEY LEADER

Gold \$750-\$999
Silver \$500-\$749 **LABOR LEADERSHIP GIVING LEVELS**Platinum \$1,000 or more

Gold \$750-\$999
Silver \$500-\$749
Bronze \$300-\$499







A copy of the official registration and financial information of the United Way of Wyoming Valley may be obtained from the PA Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. This organization does not provide goods or services as a whole or partial consideration for any contributions.

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