

PLEDGE FORM

United Way of the Tri-Valley Area

1. Your Contact Information

UNITED WAY RESPECTS YOUR PRIVACY AND DOES NOT SELL OR EXCHANGE MAILING LISTS.

Name:	Employer (if applicable):	
Home Address:	City/State/Zip:	
Phone:	E-mail:	
Signature:	Date:	$\hfill\Box$ I wish to remain anonymous.
2. Your GiftPayroll Deduction I would like to contribute the following per p	ay period:	THANK YOU FOR YOUR SUPPORT!
□\$25 □\$15 □\$10 □\$5 □\$1 Other: \$		□ Please contact me to □ discuss a planned □ giving opportunity.
 □ Direct Gift I would like to make a gift of \$ using the following payment method: □ My check/cash is attached. (Please make check payable to United Way.) 		□ I'd like to volunteer, please contact me.
☐ Please bill me ☐ quarterly ☐ semi-annually ☐ ☐ Please charge my VISA / MC / DISCOVER Circle	•	
	Exp. Date:	3-Digit Security Code:
Signature: Leadership Circle:		
•	\$350 or more. We deeply appreciate this commitment. Lis	t me/our names in Leadership Circle material as:
3. Your Impact	Invest my contribution impact my contribution impact my contribution in the contributi	ution where it most!
$\hfill\Box$ The local United Way of the Tri-Valley Ar	ea Community Fund	
Contributions to the Community Fund are flexible funds the Local community members make funding decisions based	at are spread throughout our service area where the need is on a thorough process.	s greatest.
☐ I live outside the United Way of the Tri-Valley Area (Fran I would like my gift to go to the United Way that serves to		
$\ \square$ I would like to designate my gift to a specific United Way	Community Partner. (For a list visit uwtva.org:)	
☐ I would like my gift to be designated to another non-pro Designations made to other United Ways, and to organize Designated gifts are paid out in June and December of the	itions that are not UWTVA Community Partners will incur a j	
☐ Please designate my gift to a local United Way initiative,	such as the Packs for Progress/Tools for Teachers school s	upplies program, Diaper Drive,