

PLEDGE FORM LIVE UNITED



1. MY PERSONAL INFORMATION

First Name:	MI:	Last Name:	Employer:	
Address:		City:	State:	Zip:
Date of Birth:	Work Phone:	Cell Phone:		

- I'm retiring this year. Please keep in touch. I would like to learn more about adding GLUW to my will.

Want to see how your contribution is making a difference? Please provide your personal email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

Personal Email:

2. GIVING OPTIONS

■ RECURRING PAYROLL DEDUCTION

I pledge the following amount per pay period:

- \$50 \$25 \$10 \$5

Other \$

My pay period is:

- Weekly (52) Every two weeks (26)
 Twice per month (24) Monthly (12)

**TOTAL
DONATION:**

\$

■ CARE SHARE

- I pledge to donate one hour's pay per month.

Hourly rate: \$ _____ x 12 months =

TOTAL DONATION: \$

- I pledge to donate 1% of my annual salary.

1% of: \$ _____ =

TOTAL DONATION: \$

■ ONE TIME ONLY DONATION

- Cash Check Credit Card Invoice Payroll Deduction

For Credit Card donations, visit LongviewUnitedWay.org

**TOTAL
DONATION:**

\$

3. MY DESIGNATION

Your pledge will automatically be invested in community agencies as directed by trained volunteers unless you select to designate. Only Greater Longview United Way funded agencies are eligible for designation and a minimum of \$50 is required. Designations that do not meet these requirements will be allocated to the general fund.

AMOUNT: \$ Agency Name:

4. IN HONOR OR MEMORY

My donation is in honor or memory of (circle one):

First Name:	MI:	Last Name:	
Address:	City:	State:	Zip:

5. MY RECOGNITION

■ LOYAL CONTRIBUTOR: Donated to any UW for 10 years or more.

- I agree to public recognition. Please list my name as: I prefer to remain anonymous.

First Name:	MI:	Last Name:
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■ LONGVIEW LEADERSHIP SOCIETY: Individual donation or combined gift with spouse totaling \$1,000 or more.

- I agree to public recognition. Please list my name as: I prefer to remain anonymous.

First Name:	MI:	Last Name:
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- I would like to receive the Longview Leadership award to display.

6. SIGNATURE

Thank you for donating to Greater Longview United Way and helping to improve lives.

Signature

Date (MM/DD/YYYY)

No goods or services were provided in exchange for this contribution. Your contribution is tax deductible as allowed by law. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization.

SUGGESTED GIVING GUIDE FOR YOUR ANNUAL PAYROLL-DEDUCTED GIFT

DOLLARS PER PAY PERIOD	TOTAL ANNUAL CONTRIBUTIONS			
	12 pay periods	24 pay periods	26 pay periods	52 pay periods
\$5	\$60	\$120	\$130	\$260
\$10	\$120	\$240	\$260	\$520
\$25	\$300	\$600	\$650	\$1,300*
\$50	\$600	\$1,200*	\$1,300*	\$2,600*

*Longview Leadership Level (> \$1,000/year)