United Way of Gloucester County

PLEDGE FORM

LIVE UNITED

United Way

United Way
of Gloucester County
454 Crown Point Road
Thorofare, NJ 08086
856-845-4303
www.uwgcnj.org

MR/MRS/MS/DR | FIRST NAME | MI | LAST NAME

HOME ADDRESS *(for credit card charges, address listed must be your billing address)* | CITY

STATE | ZIP | HOME PHONE | DAYTIME PHONE

COMPANY NAME

Want to see how your contribution is making a difference? Please provide your home e-mail address so we can show you how your contribution is making a difference.

HOME E-MAIL ADDRESS

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

❑ **EASY PAYROLL DEDUCTION**

$ _____ Per Pay Period x _____ # of Pay Periods

= My total annual gift | AMOUNT $

At a specific level:

- O Founders Society member (gifts of $1,000 & above)
- O Leadership Plus (1.5% of annual pay)
- O Leadership (1.0% of annual pay)
- O Fair Share (0.6% of annual pay)

O I prefer that my gift remain anonymous.

❑ **DIRECT GIFT**

AMOUNT $

Direct gift to be paid by:

- O Cash
- O Personal check (payable to UWGC)
- O Securities (please call United Way at 856-845-4303 when you are ready to transfer funds).
- O Credit Card (please go to United Way website: www.uwgcnj.org/make-a-donation.html.

PLEASE CHOOSE HOW YOU WANT TO HELP YOUR COMMUNITY.

option A

❑ **EDUCATION** Helping children and youth achieve their potential through education and mentorship.

- Supporting high-quality child care, after-school programs, healthy habits and mentoring.
- Ensuring children enter school ready to succeed.
- Preparing individuals to prosper in college, work and life.

AMOUNT $ or %

❑ **FINANCIAL STABILITY** Helping families become financially stable and independent.

- Assisting individuals gain employment through resume building, training experience, and job readiness classes.
- Reducing the long-term need for food, housing, and utility assistance through life skills education and financial counseling.

AMOUNT $ or %

❑ **HEALTH** Improving and maintaining people's health.

- Increasing access to critical healthcare services.
- Reducing substance abuse, child abuse and domestic violence.
- Empowering people with physical and intellectual disabilities to achieve their highest potential.

AMOUNT $ or %

option B

❑ **ALL OF THESE. United Way Community Impact Fund.**
The most powerful way to invest your contribution.

AMOUNT $ or %

option C

❑ **Restricted Contribution** **AGENCY NAME** (please be specific)

AMOUNT $

AMOUNT $

Please check the accuracy of your entries.
Thanks for investing in United Way.

Signature _____ *Date* _____

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. 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. Consult your tax advisor for more information. Planned giving: Please consider a gift to United Way of Gloucester County in your will, insurance policies, or investments.

white United Way • yellow Payroll • pink Donor