

# United Way of Gloucester County

# PLEDGE FORM

# LIVE UNITED



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:

- Founders Society member (gifts of \$1,000 & above)
- Leadership Plus (1.5% of annual pay)
- Leadership (1.0% of annual pay)
- Fair Share (0.6% of annual pay)
- I prefer that my gift remain anonymous.

### DIRECT GIFT

AMOUNT \$

Direct gift to be paid by:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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