



Campaign Pledge Form

Give...Advocate...Volunteer... **LIVE UNITED**



of Gloucester County

First Name _____ M.I. _____ Last Name _____

Home Address: _____
(Street) (City) (State) (Zip)

Employer: _____ Day Phone: _____

Email address: _____

(All information is kept confidential & used for pledge processing only)

YES, I WANT TO HELP

Please indicate method of payment below

Payroll Deduction: \$ _____ Per Pay Period x _____ # of Pay Periods = \$ _____ Annual Payroll Gift

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)

Direct Payment: I pledge a gift of \$ _____ to be paid by: Cash Personal check payable to UWGC

TOTAL AMOUNT OF GIFT \$ _____ / _____

Sign to Authorize

Date

HOW I WANT MY GIFT TO HELP IN GLOUCESTER COUNTY

YES! I want my gift to help where it is needed most.

OR, I want my gift to assist in a specific area of care.

Promoting Healthy Living

Investing in Children & Families

Meeting Basic Needs/Empowering Individuals to Achieve Self-sufficiency

How your United Way contribution helps in our community

- Affordable childcare for low-income families.
- Shelter & basic needs for victims of natural and man-made disasters.
- Specialized employment opportunities for adults facing physical or mental challenges.
- Emergency & supplemental food for low and fixed income households.
- Mental health counseling & substance abuse treatment for the uninsured.
- Enrichment programs for children & youth.

**Thanks for Giving
Incentive Program**

Many chances to win:
travel voucher
gift cards

Thank You

white United Way; yellow Payroll; pink Donor

United Way of Gloucester County • 454 Crown Point Rd. • Thorofare, NJ 08086 • www.uwgcnj.org • 856.845.4303