UNITED WAY OF GREATER CHATTANOOGA PLEDGE FORM

United Way
of Greater Chattanooga

United Way has always been about neighbors helping neighbors. Whether it's the needs of an entire neighborhood or simply the needs a family has for tomorrow, we're always working together with our community to ensure everyone has the opportunity to reach their full potential.

With a focus on education, health and financial stability, United Way works to addres our community's challenges. Thank you for choosing to LIVE UNITED!

1 PERSONAL INFORMATION *Please print clearly and fill out each section. Your information is voluntary and kept confidential.*

Mr. Mrs. Ms. Dr. _____ First Name _____ MI _____ Last Name _____ Suffix _____

Preferred Name *(if different)* _____ Former Name *(My name has changed)* _____ DOB *(MM/DD/YYYY)* _____ ☐ Female ☐ Male

Home Address _____ City _____ State _____ ZIP _____

Employer _____ Work Phone _____ Mobile Phone _____

☐ I am a union member. Local _____ Work Email _____ Personal Email _____

2 MY GIFT* *Yes! Give to the maximum impact fund.*

☐ **PAYROLL DEDUCTION**
I authorize my employer to deduct the following gift from my paycheck:
☐ $100 ☐ $50 ☐ $25 ☐ $10 ☐ $5 ☐ Other $ _____
My # of pay periods per year. ☐ 9 ☐ 12 ☐ 24 ☐ 26 ☐ 52 ☐ Other _____

☐ **ENCLOSED GIFT**
☐ Check (payable to United Way) # _____ Date: _____ / _____ / _____
☐ Cash

☐ **BILL ME** ($100 minimum)
☐ One time ☐ Monthly ☐ Quarterly ☐ Semi-Annually
First billing date: _____ / _____ / _____

☐ **CREDIT/DEBIT CARD** ($25 minimum)
☐ One time ☐ Monthly ☐ Quarterly ☐ Semi-annually
First billing date: _____ / _____ / _____
Enter your pledge amount above. Then go to our website at www.unitedwaycha.org/give to make a secure credit card payment.

☐ **STOCK/SECURITIES**
Please email finance@uwchatt.org when you are ready to transfer funds

☐ **DONOR ADVISED FUND**
I will be recommending a grant from _____ (institution name) in the amount of $ _____ in the year _____.

TOTAL CONTRIBUTION

My total contribution for the year:
Please check the accuracy of your entries. Thank you! *(required to process pledge)*
$ _____ *

Last year's contribution: *(optional)*
$ _____

☐ This is a joint contribution. Spouse/Partner Name _____

Spouse/Partner Employer _____

Please list us in recognition materials as _____

☐ I/We wish to remain anonymous in recognition materials.

3 I WANT TO GET INVOLVED *Select any and all groups that apply to you and we'll make sure to connect with you soon!*

☐ **Emerging Leaders** (young professionals who give $250 or more)

☐ **Women United** (annual gift of $500 or more)

☐ **Leadership Club** (annual gift of $1,000 or more)

☐ **Alexis de Tocqueville Society** (annual gift of $10,000 or more)

☐ **Retired or retiring soon?** (I want to stay connected with United Way)

*SIGNATURE _____ DATE _____

Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution. For contributions made through payroll deductions, 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. Please consult your tax adviser for more information.