

CAMPAIGN PLEDGE FORM

Together, we can create a community where every person has an equal chance at a bright future.



615.255.8501 | www.unitedwaygreaternashville.org Questions about this pledge form? Contact: 615.780.2479

NAME (Last, First) _____ SPOUSE/PARTNER NAME (If joint gift) _____ COMPANY/LOCATION _____ PAY GROUP _____

ADDRESS (For credit card charges and direct bill gift options, address listed must be your billing address.) _____ CITY _____ STATE _____ ZIP _____

EMPLOYEE ID _____ PHONE () - _____ DATE OF BIRTH (MM/DD/YY) _____ EMAIL ADDRESS PERSONAL WORK

Please list me/us in any recognition materials as follows: (ex. John & Jane Smith)

I wish to keep my gift anonymous.

1 HOW MUCH WILL YOU GIVE?

I WANT TO GIVE AT A LEADERS UNITED LEVEL

Leaders United donors provide the foundation for a better community with a minimum annual gift of \$500 (\$9.61/week) or more.
Eagle Level: \$500 - \$999 • Robertson Level: \$1,000 - \$2,499 • McGavock Level: \$2,500 - \$4,999 • Cockrill Level: \$5,000 - \$9,999 • Tocqueville Society Alpha Chapter Level: \$10,000+

\$ _____

OTHER

\$ _____

I WANT TO JOIN THE YOUNG LEADERS SOCIETY.
For young professionals ages 45 and younger who pledge a minimum annual gift of \$500 to United Way

I WANT TO JOIN THE PATRICIA HART SOCIETY.
Open to women who pledge a minimum annual gift of \$50 to United Way

2 WHERE WILL YOUR GIFT GO?

I WANT UNITED WAY TO INVEST MY GIFT IN THE COMMUNITY FUND FOR THE GREATEST IMPACT IN ALL SIX COUNTIES THAT UNITED WAY SERVES. (CHEATHAM, DAVIDSON, DICKSON, HICKMAN, ROBERTSON AND WILLIAMSON)

I WANT TO INVEST IN ONE OR ALL OF UNITED WAY'S FOUR FOCUS AREAS

- BREAKING THE CYCLE OF POVERTY \$ _____
- GIVING KIDS AN EQUAL CHANCE \$ _____
- BUILDING STRONG, HEALTHY COMMUNITIES \$ _____
- MEETING OUR NEIGHBORS' BASIC NEEDS \$ _____

OPTIONAL

I WANT TO DESIGNATE TO AN AGENCY/NONPROFIT (MINIMUM \$50 ANNUAL GIFT REQUIRED) OR A SPECIFIC COUNTY (CHEATHAM, DAVIDSON, DICKSON, HICKMAN, ROBERTSON, WILLIAMSON)

\$ _____

Agency name/number, United Way name or county _____

TOTAL GIFT: \$ _____

3 PAYMENT METHOD

EASY PAYROLL DEDUCTION

I want my total gift to be divided evenly between my pay periods.

OF PAY PERIODS PER YEAR _____

DIRECT BILL (\$50 Annual Minimum)

- Please bill me:
- Quarterly
 - Annually

ONE-TIME GIFT

Gift to be paid by:

- Cash (enclosed)
- Personal check (enclosed)
- Credit Card* - VISA MC AMEX DIS

ACCT # _____

EXP. _____

E-MAIL _____

STOCK GIFT

Please call 615.780.2451 when you are ready to transfer funds.

We will also follow up with you to confirm processing.

SIGNATURE REQUIRED:

Date: ____/____/____

Please check the accuracy of all your entries.

Please save a copy of this pledge form for your records.