

Campaign Pledge Form



Together, we are building brighter futures.

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 _____ () - _____ DATE OF BIRTH (MM/DD/YY) _____ EMAIL ADDRESS ☐ PERSONAL ☐ WORK
PHONE ☐ CELL ☐ HOME ☐ 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.

For women who pledge a minimum annual gift of \$500 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 nine counties that United Way serves. (Cheatham, Davidson, Dickson, Hickman, Houston, Montgomery, Robertson, Stewart and Williamson)

☐ I want to invest in one or all of United Way's five focus areas.

- ☐ Breaking the Cycle of Poverty \$ _____
- ☐ Helping Kids Learn and Succeed \$ _____
- ☐ Building Strong, Healthy Communities \$ _____
- ☐ Meeting Our Neighbors' Basic Needs \$ _____
- ☐ Meeting Community Needs Through Service \$ _____

Optional

☐ I want to designate to an agency/non-profit (minimum \$50 annual gift required) or a specific county (Cheatham, Davidson, Dickson, Hickman, Houston, Montgomery, Robertson, Stewart, Williamson).

\$ _____

Total Gift \$

Agency name/number, United Way name or county

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.