

United Way of the Flint Hills
PLEDGE FORM



 MR/MRS/MS/DR FRIST 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

**Thank you for
 your support of
 our community!**

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS _____

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

EASY PAYROLL DEDUCTION

A. I want to contribute the following amount each pay period:

\$2 \$5 \$10 \$12

Other \$ _____

Number of pay periods: _____

B. I pledge 1 hours pay per month: \$ _____

C. I pledge _____% of my salary to be taken out evenly through all pay periods unless otherwise indicated.

DIRECT GIFT

Amount \$ _____

Direct gift paid by:

Cash

Personal check (enclosed)

Credit Card

Card No.: _____

Expires (Mo/Yr) : ____/____ CVS#: _____

(Document will be destroyed after payment has been made)

OTHER GIVING OPTIONS

I would like to transfer securities to the United Way of the Flint Hills. Please contact me so that we can begin the transfer process.

I would like to be contacted about planned giving.

My total annual gift: _____

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

If you would like for your donation to be allocated across several funding areas, please assign a percentage to each so that they add up to 100%.

I would like to advance the common good.
 Please direct my donation to the areas where it can do the greatest good. _____%

- I would like invest in a specific area of need or a UWFH-funded initiative.
- Helping Children and Youth Succeed. _____%
 - Supporting Vulnerable and Aging Populations. _____%
 - Strengthening and Supporting Families. _____%
 - Promoting Self Sufficiency. _____%
 - Building Vital and Safe Neighborhoods. _____%
 - Dolly Parton Imagination Library. _____%

I would like designate my gift to a United Way of the Flint Hills Community Partner. _____%

Name(s) of organization: _____

Signature _____

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.