United Way of the Coastal Bend

LIVE UNITED.

Step 1: Contact information (please print)

All information you provide will be kept confidential

First Name | Last Name

Department/Office | Birth Date (M M D D Y Y Y Y)

Daytime Phone Number

Email Address

Home Address

City | State | Zip

Step 2: Choose how you want to give

LEADERSHIP GIVING LEVELS
- $500-$999: Anchor Level
- $1000-$2499: Spinnaker Club
- $2500-$4999: Mainsail Level
- $5000-$9999: Lighthouse Level
- $10,000 and above: Alexis de Tocqueville Society

METHOD 1: Easy Payroll Deduction

1. **Please deduct my donation from my payroll:** (choose one)
   - ○ 12 times a year
   - ○ 18 times a year
2. **Amount per pay period I would like to donate to United Way:**
   (check one) ☐ $5 ☐ $10 ☐ $25 ☐ $50 ☐ Other $_____
3. **Calculate your pledge:**
   # of pay periods from above _____ X amount per pay period $_____ = $ _____
   Total Annual Pledge

☐ I have been contributing to United Way for 10 years or more. *I am a Loyal Contributor.*

☐ I would like information on how my contribution is getting results.

SIGNATURE_____DATE_____

METHOD 2: One-Time Gifts and Other Giving Options

For office use only:
Cash Amount $_____ Staff Initials_____

1. **Choose one-time, credit card or bill me gift amount:**
   ☐ $50 ☐ $100 ☐ $250 ☐ $500 (Leadership Level) ☐ $1000 ☐ Other: $_____
2. **Choose method of payment: (please check one)**
   - ☐ Check: Check #_____Date of Check_____ (attach check to this pledge card and return to company coordinator)
   - ☐ Cash (attach cash to this pledge card and return to company coordinator)
   - ☐ Credit Card (Visa, MC, AMEX, DISC Accepted, *$25 minimum please*)
     Card Type: _____ Card #:
     Expiration Date: (M M Y Y)
   - ☐ Bill Me ($50 minimum, please) ○ One Time ○ Monthly ○ Quarterly Start Date:_____

SIGNATURE_____DATE_____

Step 3: How to invest

☐ The Community Investment Fund is the best way to show you care!

Volunteers just like you look at the most pressing community needs and invest your gift along with thousands of others to make the biggest difference in our community. (this option will be assumed if nothing is marked)

For other giving options, please see brochure and write code here:

United Way of the Coastal Bend

Donor Record: Please record your gift and retain this portion for your records.

Name:_____ Gift /Pledge Amount: _____

Gift/Pledge Date:_____ Gift Type: ○ Payroll Deduction Pledge ○ One-time gift

No goods or services were given in exchange for this contribution.
This stub is only an acknowledgment of a pledge made and is not intended to be a tax receipt.

Thank You!

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