United Way
United Way of the Coastal Bend

PLEDGE CARDS GENEROUSLY SPONSORED BY:

TURNER INDUSTRIES

LIVE UNITED.

Step 1: Contact information (please print)

All information provided will be kept confidential

☐ Mr. ☐ Mrs. ☐ Ms. M M D D Y Y Birth Date — Daytime Phone Number

First Name — M.I. — Last Name

Employer

Employee ID, SS# or Department — 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. **How often are you paid:** (choose one)

☐ I wish to be acknowledged for my gift. (Company must release information to UWCB)

○ Weekly (52) ○ Every other week (26) ○ Twice per month (24) ○ Monthly (12) ○ Other_____

2. **Amount per pay period I would like to donate to United Way:**

(check one) ☐ $5 ☐ $10 ☐ $25 ☐ $50 ☐ Other $_____

OR

I pledge: ☐ 1.5% ☐ 2.0% ☐ 2.5% of my salary

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

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

3. **Calculate your pledge:**

# of pay periods from above _____ X amount per pay period $ _____ = $ Total Annual Pledge

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)

☐ I wish to be acknowledged for my gift. (Company must release information to UWCB)

☐ 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 CID#: (3-4 digit number on the back of your credit card)

☐ One-Time Payroll Deduction: (not offered by all employers. Check with your company coordinator on availability of this payment option)

☐ Bill Me (*$50 minimum, please*) ○ One Time ○ Monthly ○ Quarterly Start Date:_____

☐ I would like information on including United Way of the Coastal Bend in my will.

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

** Designations to agencies that are not United Way affiliates or become ineligible will be redirected to the Community Investment Fund.*

United Way
United Way of the Coastal Bend

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361.882.2529
www.uwcb.org

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!