

Our Step-Up Program allows you to join the Tocqueville Society with instant membership benefits while you "step up" your contribution to the \$10,000 Society level over a three-year period.

HOW IT WORKS

Donors who utilize our Step-Up Program gradually "step up" to the \$10,000 level of giving over three years and are recognized as Tocqueville Society members from the very first year. Step-Up Program donors make a commitment now for their United Way giving over a period of three years (e.g., \$5,000 in year one, \$7,500 in year two, and the full \$10,000 in year three). After three years, they can continue giving at the full membership level with full benefits.

DONOR DESIGNATIONS

We encourage you to donate to United Way of the Coastal Bend's Community Investment Fund, which is managed by experienced volunteers who invest these funds in programs that meet community priorities and produce measurable results. However, if you have special interests, you can choose to designate all or part of your Step-Up gift to our partner agencies (see our Impact Sheet for specific agency codes).

MEMBERSHIP RECOGNITION

All Step-Up Program donors will be fully recognized as members of the Tocqueville Society. You will be invited to attend all Tocqueville events, and will be listed at the \$10,000 giving level in our annual report.

NEED MORE INFORMATION?

For more information, please contact Libby Averyt, President/CEO of United Way of the Coastal Bend, at (361)882-2529 or libby.averyt@uwcb.org.



STEP-UP PROGRAM PLEDGE FORM

| By participating in our 1 in Year 2, and \$10,000 i | ocqueville Society Step-Up Program, you pledge to give \$5,000 in Year 1, \$7,500 n Year 3. |
|---|---|
| Name(s): | |
| Employer/organization: | |
| Home address: | |
| City: | State: Zip |
| Phone: | Email: |
| MY INVESTME Choose how you want t | NT o invest your gift in the community. |
| Donate my gift to t | he Community Investment Fund. |
| Please designate n | ny gift to the following (see Impact Sheet for agency codes): |
| Agency code # | : Agency code #2: |
| Agency code #3 | 3: Agency code #4: # |
| ☐ I <u>DO</u> want to be red | ognized. I <u>DO NOT</u> want to be recognized (remain Anonymous) |
| Please list name(s) in U | nited Way publications as: |
| PAYMENT OPT | TONS |
| For the campa | gn, I pledge a gift of \$5,000 to be paid in full by |
| NOTE: Pledges may be | paid by any combination given below. |
| My payment is end | losed. |
| ☐ I wish to make my | gift through payroll deduction. |
| ☐ I wish to make my | gift through stocks/securities. |
| Please bill me by m | nail |
| Once on (n | nonth/year) Quarterly (Jan, Apr, July, Oct) |
| | credit card (Visit portal.uwcb.org/epledge/) |
| Cianatura | Dates |