

WORKPLACE PLEDGE CARD

United Way of Wayne
and Holmes Counties



Personal Information:

Internal Account #:

Company:

Name:

How I wish to be recognized:

Home Address:

City:

State:

Zip:

Phone Number:

Email:

Donation:

- Suggested Gift: \$
- Last Year's Gift: \$
- Other: \$

Payment Method:

- Check #: Date:
- Credit Card:
- Bill Me *(Based on donation amount above)*

Frequency of payment (circle one): One-Time Monthly

Begin Billing Date:

Leadership levels begin at \$1,000.00 or 1.5% of income

Designations (Where my gift should be directed):

- Greatest Need
- Holmes County
- Health/Mental Health
- Safety Net
- Workforce Development
- Youth Development
- Other:

Signature:

Payroll Deduction:

A: Gift Per Pay

- \$50 \$5
- \$25 \$2
- \$10 Other \$:

B: Paychecks Per Year

- 52 (Weekly)
- 26 (Bi-Weekly)
- 24 (Semi-Monthly)
- 12 (Monthly)
- One-Time Payroll Deduction

C: TOTAL GIFT

<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
A	X	B	=	C

Exp. Date: /

CVC:

