

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:

Do you wish to receive your statements and tax receipts via (circle one): Email or Mail

Donation:

Gift Amount: \$

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

Payment Method:

Check #: Date:

Credit Card: Exp. Date: / CVC:

Bill Me (Based on donation amount above)

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

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:

\$1.43 M

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If each household in Wayne and Holmes Counties gave just \$50, we would reach our goal.