

# 2021 United Way of Aiken County Pledge Form

## 1. MY INFORMATION

MR/MRS/MS/DR FIRST NAME  MI  LAST NAME  JR/SR/III/etc.  
 HOME ADDRESS (For credit card charges, address listed must be your billing address.)  APARTMENT   
 CITY  STATE  ZIP  PHONE  HOME  WORK  CELL  
 EMAIL ADDRESS  HOME  WORK  DATE OF BIRTH (MM/DD/YYYY)

Please add me to your email distribution list.

Giving us your email address (home email preferred) will keep you informed of the results of your contributions through United Way of Aiken County's eNewsletter.

COMPANY NAME  EMPLOYEE ID

My spouse also gives to United Way. Please combine our gifts for recognition.

Spouse's Name  Employer

Please list my/our name(s) as follows for recognition:

Please do not print my name in any United Way recognition materials.

## 2. MY CONTRIBUTION

You may contribute through one or more of the methods below. For each method, please write the amount in the right-hand column and add up the total of all contributions at the bottom.

<input type="checkbox"/> Easy Payroll Deduction	From each paycheck I receive, please deduct: \$ <input type="text"/> for an annual total of:	\$ <input type="text"/>
<input type="checkbox"/> Payment Attached	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check / Check number <input type="text"/> Make check payable to United Way.	\$ <input type="text"/>
<input type="checkbox"/> Charge My Credit Card in the amount of \$ <input type="text"/>	<input type="checkbox"/> Once <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <input type="text"/> (Will be processed immediately) Card # <input type="text"/> Exp. Date <input type="text"/> / <input type="text"/> CVV <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Bill me in the amount of \$ <input type="text"/>	<input type="checkbox"/> Once in the month of <input type="text"/> <input type="checkbox"/> Quarterly (\$100 minimum pledge for direct billing) <input type="checkbox"/> Other <input type="text"/>	\$ <input type="text"/>
<b>My Total Annual Contribution is:</b>		<b>\$ <input type="text"/></b>

## 3. MY AFFILIATION

Leadership Giving Levels

Please check the highest level applicable.

- PATRON — \$500-\$999
- HERITAGE — \$1,000-\$2,499
- ROUNDTABLE — \$2,500-\$4,999
- BENEFACTOR — \$5,000-\$9,999
- ALEXIS DE TOCQUEVILLE - \$10,000-\$24,999
- ORDRE DE LIBERTÉ - \$25,000-\$49,999

Young Philanthropists Society (YPS)

My contribution of \$240 or more to United Way of Aiken County qualifies me for the Young Philanthropists Society. Members of this group are between the ages of 21-45. (Birthdate is required above)

Women United (WU)

My contribution of \$500 or more to United Way of Aiken County qualifies me for membership. Members of this group are dedicated to advancing the health, safety, education and economic status of Aiken County's women and children.

The United Way of Aiken County Leadership Society recognizes individuals and couples giving at a level of \$500 or more annually.

I am a loyal contributor to United Way I have been contributing to United Way since  (year).

Legacy Society I wish to leave a lasting legacy. Please contact me about including United Way in my estate plan.

## 4. CHOOSE HOW TO INVEST YOUR

INFLUENCE THE CONDITION OF ALL. United Way Community Impact Fund.

Designation United Way Agency/Program name   
(\$50 minimum pledge for designations)

EDUCATION Helping children and youth achieve their potential through education.

INCOME Helping families become financially stable and independent.

HEALTH Improving people's health.

CRISIS Providing assistance in crisis.

## 5. PLEASE SIGN AND DATE

Please check the accuracy of all your entries.  
Thank you for investing in United Way.

Signature

Date

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

235 Barnwell Ave., NW \* PO Box 699 \* Aiken, SC 29802  
Phone: 803.648.8331 \* uwaiken.org

**LIVE UNITED**   
Thank you for creating opportunities and inspiring hope for a better tomorrow.