## 2022 United Way of Aiken County Pledge Form

1. MY INFORMATION	
MR/MRS/MS/OR FIRST NAME MI LAST NAME	JR/SR/III/etc.
CITY STATE ZIP PHONE DOME CELL  EMAIL ADDRESS DHOME 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.	
☐ Easy Payroll Deduction From each paycheck I receive, please deduct: \$ for an annual total of:	\$
☐ Payment Attached ☐ Cash ☐ Money Order ☐ Check / Check number Make check payable to United Way.	\$
☐ Charge My Credit Card in the amount of \$ ☐ Once ☐ Quarterly ☐ Other	
(Will be processed immediately)  Card # Exp. Date / CVV	\$
☐ Bill me in the amount of \$ : ☐ Once in the month of ☐ Quarterly	\$
(\$100 minimum pledge for direct billing)	7
My Total Annual Contribution is:	\$
3.MY AFFILITATION  Leadership Giving Levels  Please check the highest level applicable.  OPATRON—\$500-\$999  OHERITAGE—\$1,000-\$2,499  OROUNDTABLE—\$2,500-\$4,999  OALEXIS DE TOCQUEVILLE - \$10,000-\$24,999  ORDINE DE LIBERTÉ - \$25,000-\$49,999  ORDINE DE LIBERTÉ - \$25,000-\$49,999  ORDINE DE LIBERTÉ - \$25,000-\$49,999	ore to United Way for membership. dicated to advancing and economic status of
☐ 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  DINCOME the potential through education.	
□ INFLUENCE THE CONDITION OF ALL. United Way Community Impact Fund. □ INFLUENCE THE CONDITION OF ALL. United Way Community Impact Fund. □ INFLUENCE THE CONDITION OF ALL. United Way Community Impact Fund.	
□ Designation United WayAgency/Program name ☐ HEALTH Improving people's health.  (\$50 minimum pledge for designations) □ CRISIS Providing assistance in crisis.	
Please check the accuracy of all your entries.	
PIEACE CHECK THE ACCURA	

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.

