2023 United Way of Aiken County Pledge Form

	R/III/etc.
HOME ADDRESS (For credit card charges, address listed must be your billing address.) APARTMENT CITY STATE ZIP PHONE HOME WORK	
CITY STATE ZIP PHONE HOME WORK CELL L L L L L L L L 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.	
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.	
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Easy Payroll Deduction From each paycheck I receive, please deduct: \$ for an annual total of: \$	
Payment Attached Cash Money Order Check / Check number	
Charge My Credit Card in the amount of \$ Once Quarterly Other	
(Will be processed immediately) Card #Exp. DateCVV	
Bill me in the amount of \$: Once in the month of Quarterly	
(\$100 minimum pledge for direct billing)	
My Total Annual Contribution is: \$	
3.MY AFFILITATION Leadership Giving Levels Please check the highest level applicable. PATRON - \$500-\$999 OHERITAGE - \$1,000-\$2,499 HERITAGE - \$1,000-\$2,499 OROUNDTABLE - \$2,500-\$4,999 My contribution of \$240 or more to ORDENDER giving at a level of \$500 or more annually. DENEFACTOR - \$5,000-\$9,999 ORDENDE LIBERTÉ - \$25,000-\$49,999 ORDENDE LIBERTÉ - \$25,000-\$49,999	r icing
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 WayAgency/Program name HEALTH Improving people's health.	
(\$50 minimum pledge for designations)	
5. PLEASE SIGN AND DATE Please check the accuracy of all your e Thank you for investing in United	
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 is 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 infor	

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