

How you can join us to change our corner of the world

Pledge Form & Member Profile.

Name _____

Home address _____

City, State, Zip _____

Cell Phone _____

Work Phone _____

Email _____

Employer _____

This year's pledge amount:

- \$500
- More than \$500 _____

Method of Contribution:

Payment enclosed (checks payable to United Way of Aiken County)

Credit Card (use billing address above)

- Visa MasterCard
- Discover AMEX

Card# _____ Exp _____

Security Code (3 digit code listed on the back) _____

Please bill me:

- annually semi-annually quarterly

Beginning (month/year) _____

My name should be listed as:

Do *not* publish my name

Signature _____

Date _____



United Way of
Aiken County, Inc.

**WOMEN
UNITED®**