



CAMPAIGN PLEDGE FORM

GIVE. ADVOCATE. VOLUNTEER.

ACCOUNTABILITY
COLLABORATION
IMPACT
SERVICE
TRANSPARENCY



P.O. Box 4158, Oak Ridge, TN 37831 uwayac.org

Questions about this pledge form? Call (865) 483-8431

NAME (Last, First) _____ COMPANY/LOCATION _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

Phone Number _____ EMAIL _____ BIRTHDATE _____

Please list me/us in any recognition materials as follows: (ex. John and Jane Smith)

_____ I wish to keep my gift anonymous

1. COMMUNITY IMPACT

My community matters to me! I give because...

I WOULD LIKE MY DONATION TO BE DESIGNATED TO THE FOLLOWING AREA(S):

- WHERE IT'S NEEDED MOST
- YOUTH DEVELOPMENT
Support the education, safety, and health of children in Anderson County
- SELF-SUFFICIENCY
Help build stable families and foster financial stability
- SENIOR AND HEALTH SERVICES
Keep our community and our seniors healthy
- DESIGNATED TO: _____
\$50.00 minimum contribution

2. LEADERSHIP GIVING

- I want to join/renew membership in United Way's leadership giving (minimum of \$1000).
- Emerging Leaders (\$500 minimum/Under 40)
- Please send me information about planned giving and becoming a Legacy Donor.
- Leading Ladies United (minimum of \$1000)

3. TOTAL GIFT/PAYMENT METHOD

TOTAL GIFT

\$ _____

EASY PAYROLL DEDUCTION

I want to contribute the following amount each pay period:

\$50 \$25 \$10 \$5

OTHER: _____


OF PAY PERIODS PER YEAR: _____

ONE TIME GIFT

Gift to be paid by:

Cash (enclosed) Check (enclosed)

Credit Card (use QR code below)



RECURRING DONATION

Please bill me:

Monthly \$

Quarterly \$

Annually \$

SIGNATURE

REQUIRED

_____ Date: _____