

United Way of Richland County Pledge Form

3 North Main Street, Suite 303 | Mansfield, OH 44902
419-525-2816 | www.unitedwayofrichlandcounty.org



1 My Personal Information

UWORC respects the privacy of our donors & does not disclose personal information to third parties.

Prefix: _____ Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Preferred Email: _____

Work Phone: _____ Cell Phone: _____

Company Name: _____

Yes! I would like to receive occasional updates on the impact of my gift & ways I can become involved with my community via email or text message.

2 My Giving (Select One)

Option #1: Payroll Deduction

A. I pledge the following each pay period:

\$50 \$25 \$15 \$10 \$5 \$3 Other: _____

Weekly (52) Bi-Weekly (26) Semi-Monthly (24)

My total annual gift: \$ _____

Option #2: One-Time Gift

Check (Payable to United Way) Cash

My total annual gift: \$ _____

Option #3: Direct Bill

Please bill me in the amount of \$ _____

One-time Monthly Quarterly

Bill beginning (MM/YY): _____

My total annual gift: \$ _____

Option #4: Credit Card or Stock Transfer*

*Please contact the United Way office at 419-525-2816 or donate online at: www.unitedwayofrichlandcounty.org

My total annual gift: \$ _____

3 My Signature (Required)

X
Signature _____

_____ Date

4 My Recognition

My gift of \$800 or more qualifies me as a Pillar Level Club

- | | | | |
|--------------------------------------|-------------------|----------------------------------|-------------------|
| <input type="checkbox"/> Tocqueville | \$10,000+ | <input type="checkbox"/> Patriot | \$1,250 - \$2,499 |
| <input type="checkbox"/> Diplomat | \$5,000 - \$9,999 | <input type="checkbox"/> Citizen | \$800 - \$1,249 |
| <input type="checkbox"/> Statesman | \$2,500 - \$4,999 | | |

PLEASE LIST MY NAME AS IT APPEARS ABOVE OR AS FOLLOWS:

Preferred Recognition Name _____

- I prefer that my gift remain anonymous
 Please combine my gift with my spouse:

Name _____ Company _____

5 My Designation (Optional)

Your pledge will automatically be invested in community programs as directed by trained volunteers unless you select one of the following options:

Option #1: United Way of Richland County - The most powerful contribution possible!

Option #2: UWORC Community Solution Areas:

Please direct my donation to make measurable change in one or more of the following focus areas:

Health Services \$ _____

Family Services \$ _____

Emergency Services \$ _____

Youth Development \$ _____

See our United Way brochure for a list of funded agencies

Option #3: Specific Agency or Another 501 (c)(3)*:

Please direct my donation to the following partner agency:

Organization or other United Way. Please use legal/full name. _____

City _____ State _____ Zip _____

*Contingent upon the organization meeting the eligibility requirements for 501(c)(3) status as determined by the Internal Revenue Code & submitting a signed USA Patriot Act Compliance Form to UWORC.

White Copy: United Way of Richland County

Yellow Copy: Company Payroll

Pink Copy: Donor Copy (retain this copy for your records)

Thank you for giving to the United Way of Richland County!