

PLEDGE FORM



United Way of
Waco-McLennan County

CHANGE DOESN'T HAPPEN ALONE

P.O. Box 7634 Waco, TX 76714
(254) 752-2753
www.UnitedWayWaco.org

Prefix	First Name	MI	Last Name	Suffix
--------	------------	----	-----------	--------

Home Address	City	State	Zip	Phone
--------------	------	-------	-----	-------

Employer	Actual Workplace Address
----------	--------------------------

Email

City	State	Zip
------	-------	-----

DONOR RECOGNITION

United Way may use your name in printed materials. Please select how you wish to be recognized.

- You may list me publicly as: (consider you and/or your partner)
- I wish my donation to remain anonymous.

DESIGNATED GIVING

- UNITED WAY GENERAL IMPACT FUND
The most powerful way to invest your contribution is to invest where it is needed most, by advancing the common good of the McLennan County community.
- EDUCATION PILLAR FINANCIAL STABILITY PILLAR
- HEALTH PILLAR SAFETY NET SERVICES PILLAR
- UNITED WAY ELIGIBLE DESIGNATION PARTNER

*If you would like to designate your gift directly to an agency, a minimum annual donation of \$100 is required. Designations to specific agencies will be assessed a 15% processing fee (maximum \$75). Designations to agencies not pre-approved on the United Way designation list will be redirected to a United Way impact pillar. Please visit www.UnitedWayWaco.org for a list of eligible agencies for designations.

Designated Agency Name

WAYS TO GIVE

BECOME A LEADERSHIP SOCIETY DONOR

An annual gift of \$500 or more (a minimum of \$21 per pay check) qualifies you to become a United Way Leadership Society Donor.

BECOME AN IMPACT DONOR

An annual gift of \$1-499 qualifies you to become an Impact Donor

BECOME A FAIRSHARE DONOR

I want to contribute the following amount:

- 1% of my monthly salary
- 1 Hour of pay per month
- \$ _____ each pay period
 _____ # of pay periods

ONE-TIME GIFT

Please attach check made payable to United Way of Waco-McLennan County.

Total Amount Enclosed: _____

- Check # _____ Credit Card Number _____
- Cash Exp. Date _____ CVC _____

Total Amount of Pledge

\$

Signature to Authorize Pledge

Signature _____ Date _____