

LIVE UNITED

PLEDGE FORM



Heart of Arkansas United Way

Your gift to United Way will help us fight for the education, financial stability and health of every person in our community.

Mr/Mrs/Ms/Dr First Name MI Last Name Suffix

Home Address City State ZIP

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Phone Cell Home Work Email Address Personal Work

Company

I have donated to United Way for 10 years or more, since (approximate year) as a Loyal Contributor.

PAYMENT METHOD

Payroll Deduction

Deduct \$50 \$25 \$10 \$5 Other: \$ per pay period

Deduct % of my salary: \$ each pay period (see back)

Number of annual pay periods: 52 26 24 12

My total payroll deduction pledged: \$

Direct Gift

My gift: \$1,000 \$500 \$200 \$100 Other \$

Enclosed cash or check (payable to Heart of Arkansas United Way)

Charge my credit card: For your security, call Heart of Arkansas United Way at 501.376.4567 or go to www.heartaruw.org and click on GIVE NOW.

LEADERSHIP GIVING

Leadership Gifts to United Way are \$1,000 or more per year, or just \$20 per week. Your gift can be combined with your spouse's to qualify, and gives you the opportunity to join one of our Leadership Giving Groups. Please choose the group(s) you and/or your spouse are interested in learning more about (listed below).

Spouse's name Spouse's Gift \$ Employer

My/our names may be published as follows:

I prefer that my gift remain anonymous.

Women United connects women from across our community who are committed to philanthropy, networking, and action.

Continue United members are 55 or older, and wish to stay active and engaged in our community while contributing their time and talents.

OPTIONAL Please direct my gift to the following (check all that apply).

I want United Way to invest my gift in the COMMUNITY INVESTMENT FUND for the greatest impact. \$

I want to invest in one or all of United Way's Focus Areas:

EDUCATION \$

FINANCIAL STABILITY \$

HEALTH \$

OPTIONAL: I want to designate \$ to an agency or other United Way.

Agency Name

Address

City, State, Zip

I authorize United Way to release my name to this organization.

SIGNATURE REQUIRED:

Date: