

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™



River Valley
United Way
POBox 636
Russellville, AR
72811
479-968-5089

United Way Pledge Form

MR/MRS/MS/DR FIRST NAME MI LAST NAME
 HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY
 STATE ZIP HOME PHONE DAYTIME PHONE
 COMPANY NAME SOCIAL SECURITY NUMBER

- I have been contributing to United Way for ___ years. Register me for the United Way Loyal Contributor Program
- I'd like to hear from United Way about how my contribution is getting results.

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME E-MAIL ADDRESS * _____

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

- EASY PAYROLL DEDUCTION**
My total annual gift
AMOUNT \$ _____
A. I want to contribute the following amount each pay period:
 - \$50 \$25 \$10 \$5
 - Other \$ _____
- DIRECT GIFT**
AMOUNT \$ _____
Direct gift to be paid by:
 - Cash
 - Personal check (enclosed)
 - Securities (please call 479-968-5089 when you are ready to transfer)
- MY GIFT OF \$500 OR MORE**
qualifies me for membership in the Pillars Club. My name will be listed as it appears above.
AMOUNT \$ _____
 - Please list my/our name(s) as follows:
.....
 - I prefer that my gift remain anonymous.

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

option A

INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund. AMOUNT \$ _____

- option B*
- EDUCATION** Helping children and youth achieve their potential through education
 - Improving access to quality, affordable child care and early learning opportunities
 - Partnering with schools and parents to improve graduation rates
 - Providing after-school and mentoring programs for at-risk youth
 AMOUNT \$ _____
 - INCOME** Helping families become financially stable and independent
 - Supporting basic needs while increasing financial education
 - Helping hardworking people obtain job training and family-sustaining wages
 - Increasing self sufficiency
 AMOUNT \$ _____
 - HEALTH** Improving People's Health
 - Increasing access to critical healthcare services
 - Reducing substance abuse, child abuse and domestic violence
 - Increasing health education and preventive care
 AMOUNT \$ _____

option C

Restricted Contribution (minimum \$25 contributions for designations) AGENCY NAME AND ADDRESS (OR AGENCY CODE)
 AMOUNT \$ _____

Signature _____ **Thanks for investing in United Way. Please check the accuracy of all your entries.**
 Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information. Our Privacy Pledge to you: Information you share with us is used only to properly credit your contribution. For our full data privacy policy, see our website at www.rivervalleyunitedway.org