

UWCFA PLEDGE FORM



Dr. / Mr. / Ms. / Mrs. _____
(circle one) *first, middle initial & last name*

Home Address _____

City/State/Zip _____

Preferred Phone _____ *(circle one)* cell work home

Email _____

United Way of the
Cape Fear Area

1. EASY PAYROLL DEDUCTION

Contribution per paycheck= \$ _____ x Number of paychecks _____ =

My Total Annual Payroll Deduction Contribution= \$ _____

2. ONE TIME CONTRIBUTION

My Total One Time Contribution Amount = \$ _____
attach your check payable to: UWCFA

2a. DIRECT BILL/CREDIT CARD CONTRIBUTION

Total One Time Contribution Amount = \$ _____

DIRECT BILL *(circle one)* monthly quarterly semi-annually one time

Total Annual Direct Bill Contribution Amount = \$ _____

CREDIT CARD Total Annual Credit Card Contribution Amount = \$ _____

All one-time and recurring monthly credit card transactions are processed online at UWCFA.org. Please give us a call if we can help in any way with your transaction. For a confidential conversation about legacy giving, please call E. Craig Heim @ 910-798-3896.

3. MY CHOICE

COMMUNITY IMPACT FUND

I wish to fund programs in our service areas of **Brunswick, Columbus, New Hanover and Pender Counties.**

(Your contribution will help to create long-lasting solutions and address critical needs that focus on children, families and neighborhoods.)

OTHER DESIGNATION

I wish to designate my gift of \$100 or more to the following 501c3, Health and Human Service Nonprofit:

Organization _____

Name(s) as I/we wish to be acknowledged: _____

- I/we prefer to remain anonymous
- I am a long-time supporter of the United Way since _____ *(year)*
- My contribution is a joint investment
Spouse/Partner's Name and Employer _____

LEADERSHIP
SOCIETIES

Harriss Newman
\$1,000+ (\$20/week)

Laurence Gray Sprunt
\$5,000+ (\$100/week)

Tocqueville Society
\$10,000+ (\$200/week)

SIGNATURE

DATE

(Signature and date are both required for all methods of payment)