

Local Government Pledge Card



My Information

Please print your name and address below.

_____ Last Year's Pledge \$ _____
 Company Name

 Mr./Mrs./Ms. First Name M.I. Last Name

 Home Address City State Zip

 Email Address Employer ID# (if applicable) I do not wish my information to be released to the agencies designated.

My Gift

Enter your total contribution amount.



\$

Payment Option: Please check only one payment method.

Payroll Deduction

*Amount per pay period.

- \$50 \$5
 \$25 \$3
 \$20 Other
 \$10 \$_____

*Please indicate how often you are paid.

- Weekly (52 times a year)
 Every 2 weeks (26 times a year)
 Twice a month (24 times a year)
 Other: _____

Cash (enclosed) \$ _____

Check (enclosed) \$ _____

Make check payable to Rappahannock United Way

Credit Card

Home address required for credit card transactions.

Visa Mastercard

Card # _____ Expires: _____

Security Code : _____ (3 digits on back of credit card)

Signature: _____ Date: _____

Direct Bill

Available for donations totaling \$25 or more.

Bill me quarterly

Bill me one time on:
 (date) _____

No tangible benefit was received in exchange for this contribution unless specifically noted. Gifts made to United Way are tax deductible within the limits of the current law. Any cash contribution received by 12/31 will receive a tax letter from United Way. Letters will be mailed by 1/31. If you've contributed via payroll deduction, you will not receive a letter as your pay stub will serve as tax documentation.

How I Want My Gift To Help

Designate 1 (or more) agencies to receive your gift. (Minimum designation of \$25.00 per agency.)

Undesignated gifts are distributed according to the Local Government Campaign guidelines.

Agency codes are listed in your LGC Brochure.

Agency Code	TOTAL \$	Agency Code	TOTAL \$	Agency Code	TOTAL \$	Agency Code	TOTAL \$

I'd like to designate my gift to an agency not listed. (Minimum designation of \$25.00 per agency.)

**Agency must be registered with the IRS as a 501(c)3 nonprofit health & human services agency.

Agency: _____ \$ _____

Agency Address: _____

City: _____ State: _____ Zip: _____

If no address is provided, pledge will be processed as an undesignated pledge.

Thank you for making a difference in your community!

Many local people will live healthier, more productive lives because of your generosity.

Rappahannock United Way, Inc. P.O. Box 398, Fredericksburg, VA 22404 • 540-373-0041

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