

# Local Government Pledge Card



## MY PERSONAL INFORMATION

_____				_____	
Company Name				Last Year's Gift	
_____		_____		_____	
Mr./Mrs./Ms.	First Name	M.I.	Last Name		
_____			_____		_____
Home Address			City	State	Zip
_____				_____	
Email Address				Employer ID# (if applicable)	
How would you like to be acknowledged? <input type="radio"/> email <input type="radio"/> do not acknowledge					

## MY GIFT Please select a method of payment from the following

<b>Total Contribution \$</b>	<b>Signature:</b>	<b>Date:</b>
Signature required for payroll deduction and credit card transactions		
<input type="radio"/> <b>Easy Payroll Deduction</b> Amount to be deducted per pay period: <input type="radio"/> \$50 <input type="radio"/> \$5 <input type="radio"/> \$25 <input type="radio"/> \$3 <input type="radio"/> \$10 <input type="radio"/> \$ _____  How often you are paid: <input type="radio"/> Weekly (52 times a year) <input type="radio"/> Every 2 weeks (26 times a year) <input type="radio"/> Twice a month (24 times a year) <input type="radio"/> Other: _____		
<input type="radio"/> <b>Cash</b> (enclosed) \$ _____  <input type="radio"/> <b>Check</b> (enclosed) \$ _____ Make payable to Rappahannock United Way  <input type="radio"/> <b>Credit Card</b> (home address required) <input type="radio"/> Visa <input type="radio"/> Mastercard Card # _____ Expiration date: _____ Security Code: _____ (3 digits on back of credit card)		
<input type="radio"/> <b>Direct Bill</b> Available for donations totaling \$25 or more <input type="radio"/> Bill me quarterly <input type="radio"/> Bill me once 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 contribute through payroll deduction, you will not receive a tax receipt. Please retain a copy of this pledge form and your final pay stub to serve as proof of your donation for tax purposes.		

## MY GIFT OPTIONS Please select one of the following options

<input type="radio"/> <b>I'd like to designate my gift to the area of greatest need</b>							
<input type="radio"/> <b>I'd like to designate to 1 or more agencies</b> (minimum designation of \$25 per agency)						<input type="radio"/> <b>Do not release my information to designated agencies</b>	
* Agency codes are listed in your Local Government Campaign Guide							
AGENCY CODE	TOTAL \$	AGENCY CODE	TOTAL \$	AGENCY CODE	TOTAL \$	AGENCY CODE	TOTAL \$
<input type="radio"/> <b>I'd like to designate my gift to an agency not listed</b> (minimum designation of \$25 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. Undesignated gifts are distributed according to the Local Government Campaign guidelines.							