

Local Government Pledge Form



Rappahannock United Way

MY PERSONAL INFORMATION Please print clearly.

_____ 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)		
<input type="checkbox"/> I would like to remain anonymous. <p style="text-align: right; font-size: small;"><i>Rappahannock United Way (RUW) does not sell, share, or trade your information. We will, however, use it to communicate with you the good works you are helping to achieve. By providing your email address, you are authorizing RUW to contact you via e-mail.</i></p>					

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

Total Contribution: \$ _____	Signature: _____	Date: _____
Signature required for payroll deduction and credit card transactions.		
<input type="radio"/> Easy Payroll Deduction 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"/> Cash (enclosed) \$ _____ <input type="radio"/> Check (enclosed) \$ _____ Make payable to Rappahannock United Way. <input type="radio"/> Credit Card (home address required) <input type="radio"/> Visa <input type="radio"/> Mastercard Card # _____ Expiration date: _____ Security Code: _____ (last 3 digits on back of credit card)		
<input type="radio"/> Bill Me at Home Available for donations totaling \$50 or more. Home address must be supplied above. <input type="radio"/> Bill me monthly. <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 Rappahannock 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 Rappahannock 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"/> I'd like to designate my gift to the area of greatest need.							
<input type="radio"/> I'd like to designate to 1 or more agencies. (minimum designation of \$25 per agency) <i>Agency codes are listed in your Local Government Campaign Guide.</i>						<input type="radio"/> Do not release my information to designated agencies.	
AGENCY CODE	TOTAL \$	AGENCY CODE	TOTAL \$	AGENCY CODE	TOTAL \$	AGENCY CODE	TOTAL \$
<input type="radio"/> I'd like to designate my gift to an agency not listed. (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.	