LOCAL GOVERNMENT PLEDGE FORM

Rappahannock United Way

STEP 1 My Personal Information *(Please print clearly.)*

Employer: _____

Employer ID#: _____

Last Year's Gift: $_____

Mr./Mrs./Ms. First Name:_____ M.I.: ____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home email address: _____ Cell Phone: _____

Are you a Loyal Contributor? ☐ I have been giving since _____(Year).
(May include other United Ways. Years need not be consecutive.)

☐ I would like to learn about volunteer opportunities.

☐ I would like to remain anonymous.

STEP 2 My Local Government Campaign Investment *(Please select a method of payment from the following.)*

Total Contribution: $_____

☐ Easy Payroll Deduction

A. My Pledge per pay period:

☐ $50 ☐ $25

☐ $15 ☐ $10

☐ $5 ☐ $____(Other)

B. To be Deducted:

☐ Monthly (_____ times a year)

☐ BiWeekly (26)

☐ Semimonthly (24)

☐ Other_____

☐ Credit Card ($50 minimum. Must provide direct billing address above.)

Total Amount $_____

Card Number _____

Expiration Date_____

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

Bill My Credit Card: ☐ Monthly ☐ Quarterly ☐ Once on _____

☐ Visa

☐ Mastercard

☐ Discover

☐ AMEX

☐ Bill Me At Home ($50 Minimum)

Home address must be listed in Step 1.

Total amount $_____

Please bill me:

☐ Monthly ☐ Quarterly

☐ Once on_____

☐ Cash/Check Attached

Total amount $_____

Check #_____

Make payable to: Rappahannock United Way

☐ Stock/Securities

Total amount $_____

To facilitate your stock transaction, please call (540) 373-0041 ext. 311.

STEP 3 THANK YOU FOR YOUR DONATION! YOU'RE DONE. *(Unless you want to direct your gift.)*

☐ **Rappahannock United Way's Community Impact Fund (General Fund):** I trust United Way to put my money where it does the most good in our community.
Agency Code: 6400 Amount $_____

☐ **Education:** I want to support local children starting with early learning through on-time graduation and career readiness.
Agency Code: 6400 Amount $_____

☐ **Financial Stability:** I want to support local households being financially stable through steady employment and good money habits.
Agency Code: 6400 Amount $_____

☐ **Healthy Living:** I want to support local individuals and families to maintain health and wellness at every stage of their lives.
Agency Code: 6400 Amount $_____

☐ **Basic Needs:** I want to support my neighbors through emergencies such as housing, medical and food assistance.
Agency Code: 6400 Amount $_____

☐ I'd like to designate to 1 or more agencies.

Agency codes are listed in your Local Government Campaign Guide. Minimum designation of $25 per agency.

Agency Code: _____ Amount $_____

Agency Code: _____ Amount $_____

Agency Code: _____ Amount $_____

Agency Code: _____ Amount $_____

☐ Do not release my information to designated agencies.

STEP 4 Sign Here

_____ _____

Signature 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 over $250 received by 12/31 will receive a tax letter from Rappahannock United Way. Letters will be mailed 1/31. Rappahannock United Way does not sell, trade, or share your information with others. We will, however, use your contact information to communicate with you the good works that you are helping to achieve in our community. By providing your e-mail address, you are authorizing Rappahannock United Way to contact you via e-mail. You may opt out of these communications at any time.

THANK YOU

Thank you for investing in our community through Rappahannock United Way.

PF-LG (8/17)