

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: _____

- I would like to learn about volunteer opportunities.
- I would like to remain anonymous.

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

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: B. To be Deducted:
- \$50 \$25 Monthly (_____ times a year)
 - \$15 \$10 BiWeekly (26)
 - \$5 \$____ (Other) Semimonthly (24)
 - Other _____

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

Total Amount \$ _____ Visa
Card Number _____ Mastercard
Expiration Date _____ Discover
Security Code _____ (last 3 digits on back of credit card) AMEX
Bill My Credit Card: Monthly Quarterly Once on _____

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.