

LOCAL GOVERNMENT PLEDGE FORM



Rappahannock United Way

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

Employer: _____

Employee 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: B. To be Deducted:
- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$25 | <input type="checkbox"/> Monthly (_____ times a year) |
| <input type="checkbox"/> \$40* | <input type="checkbox"/> \$10 | <input type="checkbox"/> BiWeekly (26) |
| <input type="checkbox"/> \$15 | <input type="checkbox"/> \$____ (Other) | <input type="checkbox"/> Semimonthly (24) |
| *Leadership Giving Circle Amount | | <input type="checkbox"/> 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

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 \$ _____

ALICE® Assistance: I want to support working households who are experiencing a financial crisis or life event.

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 \$50 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.