

## My Information Please Print

Prefix:  Mr.  Ms.  Mrs.  Dr. \_\_\_\_\_  
 \_\_\_\_\_  
 First Name (No Nicknames Please) MI Last Name

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_ Employer \_\_\_\_\_

Employee ID \_\_\_\_\_ Email Address  Home  Work \_\_\_\_\_

Phone Number  Home  Cell \_\_\_\_\_ Phone Number (Work) \_\_\_\_\_

## Payment Options Be a Leader!

**My Total Annual Pledge \$** \_\_\_\_\_  
Please enter total annual contribution

**PAYROLL DEDUCTION**  
**If you are a new donor, consider one of the following options:**  
 \$1/week (\$52)     \$2/week (\$104)  
 \$5/week (\$260)     \$10/week (\$520)  
**If you are already a donor, please consider increasing your gift by 5%.**  
**\$** \_\_\_\_\_ **X** \_\_\_\_\_ **= \$** \_\_\_\_\_  
Per Pay Period                      Periods/year                      Total Payroll Pledge

**ONE TIME PAYMENT**  
 Cash  
 Check made out to United Way of Central VA  
 Check # \_\_\_\_\_ Date \_\_\_\_\_  
 Stock— Contact UWCV for assistance 434-455-6902  
 Payroll Deduction (one time) on date \_\_\_\_\_

**CREDIT CARD \$** \_\_\_\_\_  
 Visa     Mastercard     Discover     American Express  
 Monthly     Quarterly     One Time \_\_\_\_\_  
Date  
 Expiration Date \_\_\_\_\_ CSC \_\_\_\_\_  
 Card # \_\_\_\_\_

## My Impact

**COMMUNITY PROGRAMS**  
 Programs under our impact areas:  
 Education, Health and Income                      \$ \_\_\_\_\_

**SCHOOL READINESS INITIATIVE**                      \$ \_\_\_\_\_  
 By 2025, 94% of Central Virginia Children will arrive at  
 Kindergarten ready to learn.

**DESIGNATIONS**  
 All designated gifts are subject to a 4% administrative  
 processing fee.  
 Must be a 501(c)3 agency.  
 You must provide address and contact information.  
 (\$50 minimum donation required for each designation) \$ \_\_\_\_\_

**Agency** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Leadership Giving YES! I want to invest in our community and am dedicated to creating change in our region.

**LEADERSHIP GIVING:** Leadership gifts (\$500+) show that you are committed to improving the quality of life in our community. United Way of Central Virginia would like to recognize individuals and couples who are Leadership Givers.

Please recognize me/us in printed materials as: \_\_\_\_\_

I would like to combine this year's gift with my spouse's gift. Spouse: \_\_\_\_\_

I/We wish to remain anonymous.

I have been a Loyal Contributor to United Way for:     5-9 yrs     10-24yrs     25+yrs

I am interested in serving on a **Fund Distribution Review Team.**     I am interested in **Volunteer** opportunities.

I would like information about the **Planned Giving Program.**

**X** \_\_\_\_\_ **My Total Annual Pledge \$** \_\_\_\_\_  
 SIGNATURE REQUIRED TO AUTHORIZE YOUR PLEDGE

\*IRS Tax Guidelines mandate that taxpayers who wish to deduct contributions through payroll deduction must retain pay stub, Form W-2 or other document furnished by employer that shows the total amount withheld for payment to charity, along with the pledge form that shows the name of the charity.