

Campaign Pledge Card

OFFICE USE ONLY
Campaign: _____
Residential

Step 1: Your Information

PREFIX: Dr. Ms. Mrs. Mr.

First Name : _____ Last Name : _____

Address : _____

Phone No : _____ Home Cell Work

E-Mail : _____

Step 2: Your Gift

Total Pledge Amount \$ _____

Easy Payroll Deduction
\$ _____ X _____ = \$ _____
Amount Per Pay Number of pay checks Total

Check CK # _____

All checks should be made payable to the
United Way of Lee County, Inc.
P.O. Box 3075 Auburn, AL 36831

Bill Me: Quarterly Monthly
(ONLY available on \$50 minimum pledge):

Credit Card
For payment visit
unitedwayofleecounty.com



Cash

Step 3: Your Investment

GENERAL COMMUNITY CARE: Your gift will be distributed to services that help those most in need in our community.
Your gift will help over 20 programs which address community concerns

TARGETED COMMUNITY CARE: I wish to designate my pledge to
(Select one of the following options below)

Education
#1 Helping Children and Youth Achieve Their Potential

Health
#3 Promoting Health and Independence

Strengthening Families and Communities
#2 Helping Families Become Financially Stable and Independent

Crisis
#4 Assisting in Time of Critical Need or Crisis

Step 4: Sign and date here to authorize your pledge and confirm payment

Signature : _____

Date : _____

**Thank You for supporting
your local United Way!**

PLEASE TEAR OFF THIS SECTION BELOW AND KEEP FOR ANNUAL TAX RECORDS

DONOR RECEIPT

NAME: _____

DATE: _____

TOTAL PLEDGE AMOUNT: \$ _____

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