

# PLEDGE FORM



United Way  
of South Hampton Roads

## 1 I want to give to United Way.

**My total yearly pledge:** \$ \_\_\_\_\_

**Payment Options:**

**Payroll Deduction (for workplace campaigns only)**

Each pay period, I will donate:

\$100    \$50    \$25    Other: \$ \_\_\_\_\_

Employee #: \_\_\_\_\_

**Total Yearly Contribution**

	\$500	\$1,000	\$2,500
12	\$41.67	\$83.33	\$208.33
24	\$20.83	\$41.67	\$104.17
26	\$19.23	\$38.46	\$96.15
52	\$9.62	\$19.23	\$48.08

**Gift enclosed in the form of:**    Cash    Check

*Make checks payable to United Way of South Hampton Roads.*

**Credit Card (online)**

Scan code or visit  
**unitedwayshr.org/give**



*If you make your donation online, fill in your name and employer below and **return this form to your employee campaign leader.***

## 2 Contact Information

Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*month   day   year*

I do NOT want my personal information released to my charity.

I wish to remain anonymous in all publications.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Required*

**See back for designation options**

### 3 Designations *(optional)*

Amount:  
\$ \_\_\_\_\_

**Community Impact Fund  
(General Fund)**

Trusting United Way to put your money where it does the most good in our community

Amount:  
\$ \_\_\_\_\_

**Education**

Raising healthy, prepared children who transition to young adulthood with a path to independence

Amount:  
\$ \_\_\_\_\_

**Economic Mobility**

Helping increase income, decrease debt and improve financial stability to reach self-sufficiency

Amount:  
\$ \_\_\_\_\_

**Health**

Meeting basic needs like housing and food; and supporting positive wellbeing

Amount:  
\$ \_\_\_\_\_

**Mission United**

Coordinating support for our veterans, active duty military, and their families

Amount:  
\$ \_\_\_\_\_

**501(c)(3) Agency**

Direct this contribution to one or more specific health and human services agencies:

_____	\$ _____
_____	\$ _____

*Certified agencies can be found at [unitedwayshr.org](http://unitedwayshr.org)*

Amount:  
\$ \_\_\_\_\_

**Endowments**

Only 50% of your pledge can go toward endowments.

<b>General Endowment</b>	\$ _____
<b>Mission United</b>	\$ _____
<b>Women United</b>	\$ _____

### 4 Leadership Societies & Levels *(optional)*

#### I want to join or continue membership with:

- African American Leadership Society\*  
*(\$1,000 minimum pledge)*
- Women United  
*(\$1,000 minimum pledge)*
- Young Philanthropists  
*(\$250 in 20s, \$500 in 30s)*
- Tocqueville Society\*\*  
*(\$10,000 minimum pledge)*

#### I want to be recognized at this leadership level:

- Tocqueville Society  
*(\$10,000 minimum pledge)*
- Beacon Society  
*(\$2,500 minimum pledge)*
- Navigator Society  
*(\$1,000 minimum pledge)*
- Keel Club  
*(\$500 minimum pledge)*

\*AALS step-up program starts at \$600

\*\*Tocqueville Society step-up program starts at \$6,000