

# United Way of Aiken County Pledge Form

United Way of Aiken County, Inc.

## 1 DONOR INFORMATION Please print your information clearly and fill out each section. Your information is kept confidential and will not be sold.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prefix	First Name	MI	Last Name	Suffix
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	State	Zipcode
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Phone	Email		DOB (mm/dd/yy)	
<input type="text"/>	<input type="checkbox"/> I wish for my gift to remain completely anonymous.		<input checked="" type="checkbox"/> I have been a loyal contributor since: _____	
Employer <input type="text"/>				

**Hate filling out these forms, but still want to give?**  
Scan this QR Code to make your donation online.



## 2 CONTRIBUTION OPTIONS

<input type="checkbox"/> <b>Easy Payroll Deduction</b> Amount per pay period: <input type="checkbox"/> \$5 <input type="checkbox"/> \$15 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other \$ _____ Pay periods per year: <input type="checkbox"/> 12 <input type="checkbox"/> 26 <input type="checkbox"/> 24 <input type="checkbox"/> 52 <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>Credit Card Payment</b> <small>*minimum cc donation \$5</small> Make a one time or monthly recurring gift online at <a href="http://www.uwaiken.org">www.uwaiken.org</a> or by printing your credit card information below. <input type="checkbox"/> One Time <input type="checkbox"/> Monthly Card # _____ Exp. Date _____ CVV _____ \$ _____ <input type="checkbox"/> I've paid online _____ <small>amount mm/dd/yy</small>	<input type="checkbox"/> <b>Payment Enclosed</b> <input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>Check</b> <small>(make payable to United Way of Aiken County)</small> \$ _____ Amount Enclosed
<input type="checkbox"/> <b>Bill Me</b> (A home address & min. donation of \$100 are required.) <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly in the amount of: \$ _____		

## 3 AFFINITY GROUPS

Caring Club	Young Philanthropists Society	Women United	Leadership Giver
Join with an annual investment of <b>\$150+</b> <b>\$12.50 a month or more</b> <i>(undesignated)</i> The Caring Club gains you access to exclusive discounts at businesses that have partnered with the United Way of Aiken County!	Join with an annual investment of <b>\$240+</b> <b>\$20 a month or more</b> YPS membership is for young leaders age 45 and younger who are looking to connect with each other through community events and volunteer opportunities.	Join with an annual investment of <b>\$500+</b> Women United is dedicated to advancing the health, safety, education, and economic status of Aiken County's women and children.	Join with an annual investment of <b>\$500+</b> The United Way of Aiken County Leadership Society recognizes individuals and couples giving at a level of \$500 or more annually.

## 4 TOTAL CONTRIBUTION

My Annual Contribution Total: \$ _____	<input type="checkbox"/> This is a joint contribution.	Spouse/Partner Name _____
Designate my donation to: _____		Spouse/Partner Employer _____

*Thank you for your contribution!* Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Designation Policy: \$100 minimum pledge required for designations to be honored. While UWAC does not encourage designations, we will process designations made to 501(c)(3) health and human agencies. Any designations less than \$100 and/or not made to qualifying agencies will be directed to the United Way Community Impact Fund.

## 5 STAY CONNECTED

<input type="checkbox"/> Please add me to your email distribution list.	Follow us on Social Media:  United Way of Aiken County, Inc.  @uwaiken
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Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your paystub, W-2, or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.