

Workplace Pledge Card



STEP ONE: DONOR INFORMATION

Mr/Mrs/Ms/Dr	First Name	Middle Name	Last Na	ame
Date of Birth	Gender	Race/Ethnicity		
Home Address		City	State ZipCode	e
Primary/Daytime Phone	•	with your email address we can save pa		nous
STEP TWO: PI		, , , , , , , , , , , , , , , , , , ,		
Easy Payroll Deduction Amount Per Pay Perior \$5\$10\$25 50\$100 Other		Pay Periods Per Year12 (Monthly)52 (Week26 (Every Other Week) Other	s(ly)	Fotal Annual Gift
One - Time Gift of Cash Cash: \$	or Check	in the amount of \$	made payable to Lumb	er River United Way
Credit Card Payment (el Charge me: Once Charge me: Once Chart Date I I I I I I I I I I I I I I I I I I I	Monthly Quarte Card # Visa Ma	astercard Discover Leadership Le	EXP Date AMEX evels: John Luther & Isabelle G. M	3 Digit Code on Back of Card
I (we) wish to be recognized at the Leadership Level as listed below.				
Mr Mrs Ms Dr Mr & Mrs		First Name(s)	Last Name	(s)
STEP FOUR: C	OMMUNITY	INVESTMENT	Give Where	You Live!
I wish to invest in Bladen, Dil	lon, Hoke, and Robesc	on Counties by supporting the following:		
ALL COUNTIES BLADEN COUNTY DILLON COUNTY HOKE COUNTY ROBESON COUNTY				
ALL PROGRAMS Education \$ Health \$ Financial Stability \$				
Dolly Parton's Imagination Library \$ I wish to designate my gift of \$ to another organization:				
Donor must provide the correct name, address, and phone number of the designated organization. Designated organization must have federal tax exempt status, 501(c)3; or be a United Way funded partner agency. If information is incorrect, designations will not apply Fair share is one hour's pay per MONTH or more pledged to Lumber River United Way ONLY				
Signature			Date	.