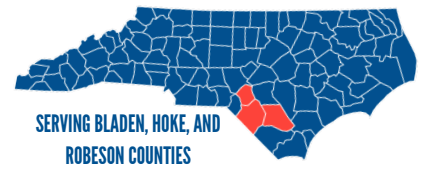




Workplace Pledge Card



SERVING BLADEN, HOKE, AND ROBESON COUNTIES

Lumber River United Way

STEP ONE: DONOR INFORMATION

Mr/Mrs/Ms/Dr _____ First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Gender _____ Race/Ethnicity _____

Home Address _____ City _____ State _____ ZipCode _____

Primary/Daytime Phone _____ Email (with your email address we can save paper and money) _____

Information included for Lumber River United Way records; however, I wish to remain anonymous

STEP TWO: PLEDGE

Easy Payroll Deduction

Amount Per Pay Period		Pay Periods Per Year		Total Annual Gift
<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$25		<input type="checkbox"/> 12 (Monthly) <input type="checkbox"/> 52 (Weekly)		\$ _____
<input type="checkbox"/> 50 <input type="checkbox"/> \$100		<input type="checkbox"/> 26 (Every Other Week)		
Other _____		Other _____		

One - Time Gift of Cash or Check

Cash: \$ _____ Check: # _____ in the amount of \$ _____ made payable to Lumber River United Way

Credit Card Payment (email address must be provided for credit card donations)

Charge me: Once Monthly Quarterly Amount \$ _____

Start Date ____/____/____ Card # _____ EXP Date _____ CVV _____
of Payment Visa Mastercard Discover AmEx 3 Digit Code on Back of Card

STEP THREE: LEADERSHIP GIVING

Leadership Levels: John Luther & Isabelle G. McLean Circle \$10,000 or more; Platinum \$2,000 - \$9,999; Gold \$1,500-\$1,999; Silver \$1,000-\$1,499; Bronze \$500-\$999

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: COMMUNITY INVESTMENT

Give Where You Live!

I wish to invest in Bladen, Hoke, and Robeson Counties by supporting the following:

ALL COUNTIES BLADEN 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.

My total donation qualifies me as a "Fair Share" giver
Fair share is one hour's pay per MONTH or more pledged to Lumber River United Way ONLY

Signature _____ Date _____