

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

# LIVE UNITED™



North Penn  
United Way  
www.npuw.org

## United Way Pledge Form

MR/MRS/MS/DR FIRST NAME MI LAST NAME  
 HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY  
 STATE ZIP HOME PHONE DAYTIME PHONE  
 COMPANY NAME EMPLOYEE NUMBER

- Register me for the United Way Loyal Contributors Program I have been contributing to United Way for \_\_\_\_ years.
- I'd like to hear from United Way about how my contribution is getting results.

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS \* \_\_\_\_\_

### PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

- EASY PAYROLL DEDUCTION**  
My total annual gift  
AMOUNT \$ \_\_\_\_\_  
A. I want to contribute the following amount each pay period:  
I am paid  weekly  biweekly  
 \$50  \$25  \$10  \$5  
Other \$ \_\_\_\_\_  
B. I pledge \_\_\_\_\_ % of my salary, for a total gift of \$ \_\_\_\_\_
- DIRECT GIFT**  
AMOUNT \$ \_\_\_\_\_  
Direct gift to be paid by:  
 Cash  
 Personal check (enclosed)  
 Bill Me quarterly  
 Securities (please call 215-855-3002 when you are ready to transfer funds)  
 Credit Card (please write your credit card number below or call 215-855-3002)  
\_\_\_\_\_ exp. \_\_\_\_\_
- MY GIFT OF \$1,000 OR MORE** qualifies me for membership in the Name of Grand Leaders Club. My name will be listed as it appears above.  
AMOUNT \$ \_\_\_\_\_  
 Please list my/our name(s) as follows:  
.....  
.....  
 I prefer that my gift remain anonymous.

### PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

- option A \_\_\_\_\_
- INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund.**  
The most powerful way to invest your contribution.  
AMOUNT \$ \_\_\_\_\_
  - EDUCATION** Helping children and youth achieve their potential through education
    - Improving access to quality, affordable child care and early learning opportunities
    - Partnering with schools and parents to improve graduation rates
    - Providing after-school and mentoring programs for at-risk youth
 AMOUNT \$ \_\_\_\_\_
  - INCOME** Helping families become financially stable and independent
    - Supporting basic needs while increasing financial education
    - Helping hardworking people obtain job training and family-sustaining wages
    - Increasing affordable housing for seniors and families
 AMOUNT \$ \_\_\_\_\_
  - HEALTH** Improving People's Health
    - Increasing access to critical healthcare services
    - Reducing substance abuse, child abuse and domestic violence
    - Increasing health education and preventive care
 AMOUNT \$ \_\_\_\_\_
- option C \_\_\_\_\_
- Restricted Contribution** AGENCY NAME AND ADDRESS  
AMOUNT \$ \_\_\_\_\_  
Minimum Gift of \$25 for Restricted Contributions

Signature \_\_\_\_\_

Please check the accuracy of all your entries.  
Thanks for investing in United Way.