

CAMPAIGN PLEDGE FORM



NAME/BUSINESS _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

PHONE _____

**What This Place Needs Is
YOU**

Together, we are making
a difference in local lives.

My pledge to the 2019 United Way Campaign.

DIRECT GIFT

Amount \$ _____

Direct gift paid by:

- Cash
- Personal check (enclosed)
- Credit Card

United Way will contact you directly
to obtain your credit card donation.
You may also donate online at
www.guernseynobleunitedway.com.

BILL ME

Amount \$ _____

Bill me:

- Annually _____
(Preferred month)
- Quarterly
- Monthly
- Other _____

PAYROLL DEDUCTION

My Pay Period Is: __ weekly __ monthly
__ bi-weekly __ other

I authorize my employers to deduct
\$ _____ from each of my paychecks.

My total donation is \$ _____.

Please choose how to invest in your community.

Common Good Fund. Please direct my donation to the community partners and programs where it can do the greatest good.

I would like to designate my gift: education health financial stability other

Signature: _____

Thank you for your support of our community!

