

GREAT THINGS HAPPEN WHEN WE LIVE UNITED
2017 United Way Campaign Pledge Form

United Way of Knox County Ohio
 305 East High Street, Mount Vernon, OH 43050
 740.397.5721 unwayknox.org



My Information

Please Print *For payroll deductions, you will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.*

Mr./Mrs./Ms./Dr. _____ First Name _____ MI _____ Last Name _____

Home Address _____ City/State/Zip _____

Home or Cell # _____ Work Phone _____

Employer _____ Preferred email _____

My Gift

A donation of \$250 or more qualifies you for a chance to win a 2-year lease on a 2018 Ford Escape or \$5,000.



Total Annual Gift \$ _____	Payroll Deduction Amount \$ _____ Per Pay Period	<input type="checkbox"/> Weekly (52) <input type="checkbox"/> Every two weeks (26) <input type="checkbox"/> Twice a month (24) <input type="checkbox"/> Monthly (12) <input type="checkbox"/> Other	<input type="checkbox"/> I wish for my United Way investment to remain anonymous <input type="checkbox"/> I am a Diamond Donor. I have invested in United Way for 25+ years
	Enclosed: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Payable to United Way of Knox County	Bill me: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> One Time _____ (month/year) \$25 minimum	Name(s) for public recognition purposes: _____

The Red Feather Society Individual Leadership Program \$1,000 or above

Combine my gift with my spouse/significant other: Name: _____ Employer: _____

Optional Designation

Investments are directed to United Way's Community Investment Fund, the **most powerful way to contribute**, unless otherwise identified below. Red Feather Society leadership gifts must be non-designated.

United Way Priority Initiative: Education \$ _____ Financial Stability \$ _____ Health \$ _____

Must be a Knox County Partner Agency on reverse side or another United Way. \$25 minimum donation required.

Donor Signature _____ (Required) Date _____

United Way does not provide goods or services as whole or partial consideration for contributions. Please keep a copy of this form for your tax records.