

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

LIVE UNITED™

United Way Pledge Form

unitedwayatlanta.org

100 Edgewood Ave., N.E.
Atlanta, GA 30303
404.527.7200



United Way of
Metropolitan Atlanta

PERSONAL INFORMATION

MR/MRS/MS/DR FIRST NAME MI LAST NAME SUFFIX

HOME ADDRESS (For credit card charges, address listed must be your billing address.) This is my work address SUITE/APT NO

CITY STATE ZIP CODE HOME PHONE

WORK PHONE DATE OF BIRTH (MM/DD/YYYY) LAST 4 DIGITS OF SOC. SEC. #

EMPLOYER EMPLOYEE ID (if applicable)

GENDER

Male Female

ETHNICITY

African American Caucasian

Native American Hispanic

Asian/Pacific Islander

Other (please specify) _____

Want to see how your contribution is making a difference? Please provide your preferred e-mail address so we can show you the difference your contribution makes and help you give, advocate and volunteer all year long.

PREFERRED E-MAIL ADDRESS Home Work

PAYMENT OPTIONS

PAYROLL DEDUCTION My total gift: \$ _____

I want to contribute the following amount each pay period:

\$50 \$25 \$10 \$5

Other amount: \$ _____

My pay period is:

Weekly (52 payments)

Biweekly (26 payments)

Semi-monthly (24 payments)

Monthly (12 payments)

DIRECT GIFT My total gift: \$ _____

Direct gift to be paid by:

Cash (enclosed) Credit/Debit card

Personal check (enclosed) #: _____

Monthly billing. Start date: _____

Securities (Please call 404.527.7318 when you are ready to transfer funds.)

NUMBER _____

EXPIRATION DATE ____ / ____

Visa MasterCard

American Express Discover

Charge me once Charge me monthly

RECOGNITION

Donors who contribute at the Cole (\$1,000+) or Tocqueville (\$10,000+) Society levels can choose membership in our special leadership segments.

- I am interested in participating in:
- United Way African American Partnership
 - United Way Women's Leadership
 - United Way Young Leaders

PLANNED GIVING

- I am interested in including United Way in my will. (For more information, please visit unitedwayatlanta.org/plannedgiving.)

LOYAL CONTRIBUTORS

What year did you first give to any United Way? _____

INVESTMENT OPTIONS

— option A —

INFLUENCE THE CONDITION OF ALL through the United Way Community Impact Fund, to ensure that: AMOUNT \$ _____

- Children enter school ready to learn and graduate from high school prepared for secondary education and careers
- Families are self-sufficient
- Young people avoid risky behaviors
- Homeless people are housed within one year
- Babies are born healthy
- People have access to primary health care

Our service area includes Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Paulding and Rockdale counties.

— option B —

EDUCATION Help children and youth reach their potential through education AMOUNT \$ _____

INCOME Help families become financially stable and independent AMOUNT \$ _____

HEALTH Improve people's health AMOUNT \$ _____

HOMELESSNESS End chronic homelessness AMOUNT \$ _____

UNITED WAY 2-1-1 AMOUNT \$ _____

ATLANTA AIDS PARTNERSHIP FUND AMOUNT \$ _____

— option C —

DESIGNATED CONTRIBUTION

AMOUNT \$	GRANTEE CODE AND NAME
_____	_____
_____	_____
_____	_____

Please do not release my name to this grantee

EXCLUDE A GRANTEE CODE AND NAME _____

GIVE TO ANOTHER UNITED WAY

NAME _____

CITY & STATE _____ \$ _____

SIGN & DATE

Signature _____

Date _____

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

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. For contributions made through payroll deduction, please keep a copy of this form for your tax records. 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. Please consult your tax adviser for more information.

FORM 12050-UWMA09

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