

Signature



Pledge Form Employer									•••	
MR/MRS	MI LAST NAME					□I <u>do not</u> wis from the Un		eceive updates Vay.		
MAILING ADDRESS (For credit card charges, address listed must be your billing address.)					□ I prefer my gift remain anonymous.					
STATE ZIP HOME PHONE EMAIL ADDRESS										
2 WAYS TO GIVE PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.					PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY					
□EAS\	Y PAYROLL DEDUCTION	□ DIRECT GIFT		□ INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund.						
My	total annual gift	AMOUNT \$			powerful way to invest in St. Charles Parish. AMOUNT \$					
A.	AMOUNT \$ I want to contribute the following amount each pay period: \$50 \$25 \$10 \$5	Direct gift to be paid by: Cash Personal check		o p t i o n B						
	Other \$ I pledge % of my salary, for a total gift of \$	(payable to "United Way of St. Charles") Credit Card (fill out info below)		AMOUNT \$			AMOUNT \$		AMOUNT \$	
				- option C (must be \$100 or more per agency)						
	a total gift of p	Mastercard Visa American Express Discover (Circle One)		Restricted Contribution—Agency						
- AN/	/ GIFT OF \$500 OR MORE alifies me to enter a drawing great prizes.	'	2)	AMOU	NT\$	Name	& Address			
		Card #	-	Restricted Contribution— Other United Way						
of g		Expires/ Security Code		AMOU		Name & Address				

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

Date