

Reach Out a Hand to One, and Influence the Condition of All.

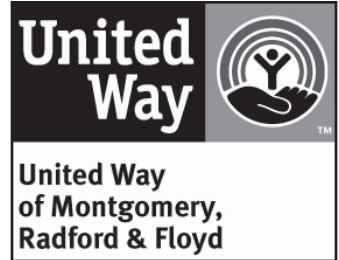
LIVE UNITED

Fill in your personal information (please print) *We respect your privacy, personal information is not shared.*

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

HOME ADDRESS (Required for written acknowledgement) CITY STATE ZIP

DAYTIME PHONE EMPLOYER (IF APPLICABLE) EMAIL ADDRESS



YES, I WANT TO HELP MY LOCAL COMMUNITY & GIVE TO THE UNITED WAY

PAYROLL DEDUCTION PLEDGE (Choose only option A or B below)

A. Each pay period I will donate: I am paid this many times a year: Total yearly pledge of:
 \$50 \$25 \$10 \$5 Other _____ 52 26 24 12 Other ____ \$ _____

B. I pledge one hour (or more) of pay per month, \$ _____ x _____ # of pay periods, For a total yearly pledge of \$ _____

CASH/CHECK OR CREDIT CARD GIFT (Choose one option below)

Cash (attach) Check (attach: payable to UWMRF) Credit Card: Options available below



For a total gift of \$ _____

Go to www.unitedwayNRV.org and click "GIVE"; Call 540.381.2066; or email gift@unitedwayNRV.org for a direct gift pledge form.

LOYAL CONTRIBUTOR

I am a Loyal Contributor. I have been giving to United Way for _____ years.

LEADERSHIP GIVING

If your gift, either alone or in combination with a family member, totals \$500 or more, you will receive recognition as part of our Wings of Leadership Society.

I/we would like to be recognized as a member/s of the United Way Leadership Giving society.

Please combine my gift with a family member's:

Name: _____ Employer: _____

List my/our name(s) as follows: _____

VOLUNTEER NRV & INFO.

I would like to receive info. about volunteer opportunities & charitable activities in the NRV (email needed).

Donor Signature _____

Date: _____

BELOW IS OPTIONAL: GIFT DESIGNATION IS NOT REQUIRED

THE MOST POWERFUL WAY TO HELP LOCALLY & INFLUENCE THE CONDITION OF ALL:

Local United Way Community Impact Fund \$ _____

ONE OF OUR LOCAL UNITED WAY IMPACT AREAS:

Helping Children & Youth Succeed \$ _____ Access to Health & Wellness & Crisis Intervention \$ _____
 Providing Basic Needs & Self-Sufficiency \$ _____ Strengthening Families & Community \$ _____

Other Designated Giving Options:

Please direct the amount of my pledge written here to a specific United Way partner agency, other eligible health and human service agency, or a United Way in another community. The suggested minimum designation per charity is \$25 for cost-effective processing.

Do not release my name to designated charities.

Charity: _____ Amount: \$ _____

Address: _____

United Way of Montgomery, Radford & Floyd
 111 W. Main St., Christiansburg, VA 24073
 Tel: 540.381.2066 Fax: 540.381.2067
info@unitedwayNRV.org www.unitedwayNRV.org

UWMRF is a 501(c)(3) nonprofit organization. Your contribution is tax-deductible to the extent allowed by law. No goods or services are provided in exchange for financial donations. Keep a copy of this form with a copy of your year-end pay stub, W2, or other document for payroll deduction. Cash/check gifts of \$250 or more will receive tax documentation by Jan. 31 of the following calendar year. Donor designated pledges are assessed a fundraising & administrative fee based on actual costs in accordance with United Way Worldwide membership standards. UWMRF is registered with VA Dept. of Agriculture & Consumer Affairs.

