

Step 1

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

MR/MRS/MS/DR      FIRST NAME      MI      LAST NAME      \_\_\_\_\_ / /      DATE OF BIRTH

HOME ADDRESS (Required for written acknowledgement)      CITY      STATE      ZIP

DAYTIME PHONE      EMPLOYER (IF APPLICABLE)      EMAIL

Do you plan to retire within the coming year?     Yes     No

Step 2

**YES, I WANT TO HELP MY LOCAL COMMUNITY & CONTRIBUTE TO 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:

\$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)

Total Gift \$

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

Go to [www.unitedwayNRV.org](http://www.unitedwayNRV.org) and click "GIVE"; email [gift@unitedwayNRV.org](mailto:gift@unitedwayNRV.org) for a direct gift pledge form; receive a one time phone call from United Way to give your credit card info. over the phone (be sure to place your phone number in the info. above)

Step 3

Donor Signature \_\_\_\_\_ Date: \_\_\_\_\_ / /

**VOLUNTEER NRV & INFO.**

I would like to receive info. about volunteer opportunities & charitable activities in the NRV (email needed).  
[www.volunteernrv.org](http://www.volunteernrv.org)

**LOYAL CONTRIBUTOR**

I am a Loyal Contributor. I have given to United Way for \_\_\_\_\_ years.

**LEADERSHIP GIVING**

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

I/we would like to be recognized as a member/s of the *Wings of Leadership Society*.

Please combine my gift with a family member's:

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

List my/our name(s) as follows: \_\_\_\_\_

I would like to be anonymous

**OPTIONAL:** (Gift designation is NOT required)

The most powerful way to help locally & influence the condition of all (recommended):

Local United Way Community Impact Fund \$ \_\_\_\_\_

One of Our Local United Way Impact Areas:

Strengthening Families & Youth \$ \_\_\_\_\_     Self-Sufficiency \$ \_\_\_\_\_     Health & Crisis Intervention \$ \_\_\_\_\_

Please direct the amount of my pledge written here to a specific United Way partner agency or other eligible agency. The required minimum designation per non-partner charity is \$50 for cost-effective processing.     Do not release my name to designated charities.

Charity: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_

United Way of Montgomery, Radford & Floyd  
PO BOX 6206, Christiansburg VA 24068  
T: (540) 381.2066      F: (540) 381.2067  
[info@unitedwayNRV.org](mailto:info@unitedwayNRV.org)    [www.unitedwayNRV.org](http://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 to non-partner eligible agencies are assessed a fundraising & administrative fee based on actual costs in accordance with United Way Worldwide membership standards. Designated organizations must be tax-exempt 501(c)3. If the designated organization is not a certified 501(c)3, if the designation minimum is not met, or if organization name/address is not legible, UWMRF reserves the right to redirect your gift to the Community Impact Fund. UWMRF is registered with VA Dept. of Agriculture & Consumer Affairs.