



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 THROUGH:
PAYROLL DEDUCTION PLEDGE** (Choose 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 \$ _____

-OR-

CASH/CHECK OR CREDIT CARD GIFT (Choose one option below) Total Gift: \$ _____

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

Go to www.unitedwaynr.org & click "GIVE"; or email gift@unitedwaynr.org for a direct gift form; or receive a one-time phone call from United Way to provide your information on the phone (be sure to provide your phone number 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

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 *Leadership Society*.

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

Please combine my gift with a family member's:
 Name: _____ Employer: _____

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

I/we would like to be anonymous; we will receive information however

Leave a Legacy. Please consider the United Way of the New River Valley in your **estate planning** so you can leave a lasting impact in the NRV. It's an opportunity to impact the lives of local people for years to come. Please contact me with information about estate planning.

OPTIONAL: (Gift designation is NOT required)

One of Our Local United Way Impact Areas:

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

Other: 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 the New River Valley
 PO BOX 6202, Christiansburg VA 24068
 T: (540) 381.2066 F: (540) 381.2067
info@unitedwaynr.org www.unitedwaynr.org

UWNRV 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 mini-mum is not met, or if organization name/address is not eligible or legible, UWNRV reserves the right to redirect your gift to the Community Impact Fund. UWNRV is registered with VA Dept. of Agriculture & Consumer Affairs.