BE THE ONE. EVERYONE CAN MAKE A DIFFERENCE.

GIVE. ADVOCATE. VOLUNTEER.



MY INFORMATION	Greenbrier valley
MR/MRS/MS/DR FIRST NAME N	MI LAST NAME DATE OF BIRTH
HOME ADDRESS (for credit card charges, address must be billing address.)	
HOME PHONE or CELL PHONE WORK	PHONE EMPLOYEE ID (if applicable)
	I AM RETIRING IN THE NEAR FUTURE.
PREFERRED EMAIL ADDRESS	EXPECTED DATE TO RETIRE
A PAYROLL DEDUCTION	D NON-BAYDOLL DEDUCTION
PAYROLL DEDUCTION	B Non-Payroll Deduction
PLEDGE AMOUNT PER PAY PERIOD	ONE TIME GIVING
\$50 \$25 \$10 \$5 Other \$	\$Total Gift
- OR -	○ N/A ○ Cash (enclosed)
increase my current gift by:	CVC: (3 Digit code)
)\$1 ○\$3 ○\$5 ○\$10 ○ Same as Last Yea	
2 PAY PERIODS	☐ Visa ☐ MC ☐ Discover Exp: Mo /Yr
	BILL ME
# pay periods each year. (12,24,26,52, etc.)	One Time - One time annual pledge of \$
	O Monthly - Monthly pledge of \$(\$25 minimum) for a total
3 TOTAL YEARLY PLEDGE	→ I want to receive my bill immediately Jan. 1st.
Multiply amount per pay times number of pay periods.	Other:
\$ x = \$	SUSTAINED GIVING
Per Pay Pay Periods Annual Pledge	You can make ongoing monthly gifts automatically and securely from your
	bank account or credit card. To sign up, please visit www.unitedwaygbv.org
C RECOGNITION OPTIONS - 8	C - (D) SIGNATURE THANK YOU!
☐ Combined Giving	
	*
Recognize my gift with my spouse/partner. List their name and workplace below.	Donor Signature
I wish to remain anonymous.	DATE
,	vided in exchange for this contribution. Please keep a copy of this form for your tax records.
ou will also need a copy of your pay stub, W-2 or other employer documents s for more information. A copy of United Way of the Greenbrier Valley's mos	vided in exchange for this contribution. Please keep a copy of this form for your tax records. showing the amount withheld and paid to a charitable organization. Consult your tax advisor st recent IRS Form 990 & audited financials are available online at www.unitedaygbv.org
Thank you for your inv	vestment in your community.
	cal services addressing Basic Needs, Education, Financial
Stability and Health. A gift to United Way is t	he most effective way to hekp you whole community.
ORTIONAL IF NO ORTION RELOW IS SELECTED.	D 4000/ OF VOUR OFT WILL PRINTIT VOU COMMANDE
	D, 100% OF YOUR GIFT WILL BENEFIT YOU COMMYNITY
Optional United Way Designations (If less than 100% of your total annual pledge amount above is selected, the balance will be invested in United Way programs. Amount from Total Gift Above	Optional Donor-Directed Gifts (any 501(c)3 organization0 United Way processes donor-directed contributions as a service to our donors. United Way is unable to guarantee how funds will be used or ensure measurable results by the recipient agency. If less than 100 percent of your total gift above is selected the balance will be invested in United Way programs.
Amount from Total witt Abovo	percent of your total gift above is selected the balance will be invested in United Way programs. Amount from Total Gift Above
○ United Way % or \$ % or \$ % or \$	% or \$
○ Education	ORGANIZATION NAME
O Financial Stability % or \$	ORGANIZATION NAME

 \bigcirc N/A