

EMPLOYEE GIFT/PLEDGE

THANK YOU!

CENTRE COUNTY UNITED WAY

1. Place of Business: _____
Donor Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Email: _____

2. **Pledge Information** *All gifts are tax deductible.*
 Payroll Deduction
_____ Pay Periods x \$ _____ per pay = \$ _____ Total Annual Pledge
 Cash/Check (payable to CCUW) Enclosed \$ _____
 Credit Card
Card Number: _____
Amount: \$ _____ Exp. Date: _____ Code: _____
Authorization/Signature: _____

3. Leadership Circle: Over \$1000 Bridges Society: \$500-\$999
 Women's Leadership Group: please send me more information

Please use my gift as follows:

General Fund \$ _____ to be divided among partner agency programs.
Volunteer Community Representatives visit each United Way Agency, review agency and program budgets and analyze cost effectiveness of each program to ensure the money you give is used wisely. No other charity has this comprehensive review process in place.

Impact Area
\$ _____ Education \$ _____ Financial Stability \$ _____ Health

AND/OR

Designation
*(Designations must be a **MINIMUM of \$100**, made to a health and human service provider in Centre County. We cannot guarantee how your contribution will be used by the designated agency. **Designations less than \$100 will be added to the General Fund.**)*

Agency _____ \$ _____

Other United Way _____ \$ _____

Do not release my name to the designated organization.

White Copy - United Way Yellow Copy - Company Payroll Rep. Pink Copy - Donor/Tax Record