

PLEDGE FORM

2016/2017 LOCAL GOVERNMENT & SCHOOLS



LAST NAME	FIRST	MIDDLE INITIAL	JURISDICTION	DEPARTMENT
WORK ADDRESS AND ZIP CODE			WORK PHONE	EMPLOYEE ID #

YOUR GIFT

Fill in the blank showing the amount of your payroll deduction.
Write in the total of your annual contribution in the space provided.

AMOUNT PER PAYCHECK	# OF PAY PERIODS	TOTAL GIFT
\$	X	= \$

A GIFT OF \$500 OR MORE

QUALIFIES YOU AS A LGS LEADERSHIP DONOR.



PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the above jurisdiction to deduct the amount shown from my pay during the calendar year 2016-17.
Deductions will begin in January. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE (REQUIRED)	DATE
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PAYROLL COPY

(Please return this portion to authorize withholdings.)

UNITED WAY COPY

(Please return this portion to accurately process gift.)

LAST NAME	FIRST
WORK PHONE	EMPLOYEE ID
HOME ADDRESS AND ZIP CODE	
E-MAIL ADDRESS	<input type="checkbox"/> HOME <input type="checkbox"/> WORK

GIVING OPTIONS

- Credit Card — Please visit yourunitedway.org
Note: A \$24 minimum gift is required
- Personal Check — Please make check payable to Local Government & Schools Campaign for United Way Greater Richmond & Petersburg, and mail to P.O. Box 6698, Richmond, VA 23230

OR PAYROLL DEDUCTION

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- Please acknowledge my \$500 or more gift with a Leadership Plaque or Bar

YOUR GIFT

\$ _____ Support United Way of Greater Richmond & Petersburg in building long-term community solutions.

FOCUS AREAS

- \$ _____ **EDUCATION** Support child and youth development, creating opportunities for learning, health and stability for our region's young people
- \$ _____ **INCOME** Help our neighbors thrive through programs that grow prosperity
- \$ _____ **HEALTH** Promote health and wellness across our region and throughout life

ANOTHER COMMUNITY NONPROFIT

Would you like to designate funds to a community agency?
Note: A minimum gift of \$24 is required to give directly to an agency

\$ _____ Agency Name, Address I wish to remain anonymous to the agency.

Only 501(c)(3) nonprofits in our region are eligible. Please see our website for details.

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ANOTHER COMMUNITY NONPROFIT

Would you like to designate funds to a community agency?
Note: A minimum gift of \$25 is required to give directly to an agency

\$ _____ Agency Name, Address I wish to remain anonymous to the agency.

Only 501(c)(3) nonprofits in our region are eligible. Please see our website for details.



LGS Organizations do not provide goods, services or considerations in exchange for your contribution. Please keep this section for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization.

EMPLOYEE COPY

(Keep this portion for your records.)