

BASIC NEEDS: FOOD, SAFETY & HOUSING



BORN HEALTHY



KINDERGARTEN READINESS



THIRD GRADE READING



MIDDLE SCHOOL ENGAGEMENT



HIGH SCHOOL GRADUATION



COLLEGE- OR CAREER-READINESS



FINANCIAL WELL-BEING



CONNECTED & HEALTHY OLDER ADULTS



We empower individuals and address systemic problems to provide everyone with a clear path to success.



STEPS TO SUCCESS



2022-2023 CAMPAIGN PLEDGE FORM

SUPPORT OUR CAMPAIGN TODAY!



Step 1 Your Information

PREFIX: Dr. Ms. Mrs. Mr.

FIRST NAME _____

MI _____

LAST NAME _____

SUFFIX _____

HOME ADDRESS Check if this is a new address _____

APT. # _____

CITY _____ STATE _____

ZIP _____

PREFERRED PHONE Land (Home) Business Cell _____

PREFERRED EMAIL ADDRESS _____

EMPLOYER _____

EMPLOYEE ID # (OPTIONAL) _____

THANK YOU!

We'd like to recognize you in our publications. Please tell us how you'd like your name to appear:

I wish to remain anonymous in publications.

Are you a 10+ year United Way donor? We want to honor you through our **Loyal Contributions Program**. What year did you start giving to United Way?

YEAR _____

Step 2 Your Gift

Payment options

- 1 **CREDIT CARD** Please visit YourUnitedWay.org
Note: A \$10 minimum gift is required
 - 2 **PERSONAL CHECK** Attached and payable to **United Way**
Note: A \$10 minimum gift is required
 - 3 **BILL ME** Please bill me for my contribution
Note: A \$20 minimum gift is required
- SELECT BILLING FREQUENCY: Monthly Quarterly One Time (add date) MM/YY



4 **PAYROLL DEDUCTION** (Per Pay Period)

AMOUNT PER PAYCHECK			X	# OF PAY PERIODS	=
<input type="checkbox"/> \$1000	<input type="checkbox"/> \$250	<input type="checkbox"/> \$100			
<input type="checkbox"/> \$50	<input type="checkbox"/> \$25	<input type="checkbox"/> \$10			
<input type="checkbox"/> Other \$ _____					

TOTAL ANNUAL GIFT

\$

Optional Investment Options

Most Impact: Support all of United Way's Steps to Success



I want to support a specific step on United Way's Steps to Success

INDICATE YOUR PREFERENCE HERE. SEE REVERSE SIDE FOR OPTIONS.

Another Community Agency I wish to remain anonymous to the agency

Would you like to designate funds to a 501(c)(3) community agency?

Note: A minimum gift of \$24 is required to give directly to an agency

AGENCY NAME, ADDRESS _____

\$ _____

\$ _____

\$ _____

Total here should match **TOTAL ANNUAL GIFT** from above

Step 3 Your Signature

SIGNATURE _____

DATE _____

No goods or services were provided in exchange for this contribution. Please keep a copy of this form 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. Consult your tax advisor for more information.

THANK YOU FOR SUPPORTING YOUR UNITED WAY

Mail form to: P.O. Box 6388, Richmond, VA 23230 | 804-771-5820

YourUnitedWay.org | customerservice@YourUnitedWay.org



United Way of Greater Richmond & Petersburg

