

UNITED WAY OF TUSCARAWAS COUNTY

1458 Fifth St. N.W. | New Philadelphia, OH 44663 | 330-343-7772 | www.tuscunitedway.org | info@tuscunitedway.org



United Way
of Tuscarawas County, Inc.

PLEDGE FORM

1 MY INFORMATION (Please print clearly)

First Name _____ Last Name _____

Home Address _____ Phone _____

City/State/Zip _____

Personal Email _____

Company/Employer _____ I am retiring in the next 12 months.

Combine my gift with my spouse/partner:

Name _____ Company/Employer _____

2 MY INVESTMENT

PAYROLL DEDUCTION

I want to contribute the following amount **each pay period:**

- \$25 \$5
 \$10 OTHER \$ _____

I receive my pay check:

- Weekly (52 pays) Bi-Weekly (26 pays)
 Bi-Monthly (24 pays) Monthly (12 pays)
 Other (_____ pays)

Total Pledge \$ _____

DIRECT CONTRIBUTION

I have enclosed the following amount:

- Cash \$ _____
 Check \$ _____
(Payable to United Way of Tuscarawas County)
 Credit Card: \$ _____
(Online at tuscunitedway.org/Donate)

BILL ME

- Once in the month of _____
20_____
 Quarterly (4 payments)

Total Pledge \$ _____

3 DONOR RECOGNITION

ANNUAL LEADERSHIP GIVING LEVELS:

- Tocqueville Society (\$10,000 or more)
- Community Benefactor (\$5,000-\$9,999)
- Community Patron (\$1,000-\$4,999)
- Community Investor (\$500-\$999)
- Community Supporter (\$250-\$499)

I/We prefer all my/our gifts to remain anonymous

For recognition, my/our name should read:

MY SIGNATURE (required) _____ DATE _____

No goods or services were provided for this contribution. If you need a receipt for your tax records, please keep a copy of this form.
Consult your tax advisor for more information. United Way never shares or discloses personal donor information.

MY IMPACT (optional)

**Community Impact
Action Fund**
Use my gift the most
effective way.

**Education/
Strengthening
Families & Children**

Health

**Income/
Emergency Needs**

**Direct Services
RX/Rent/Utility
Assistance**

Another Non-profit 501(c)3 Health & Human Services Agency _____

Other United Way _____

Thank You!