United Way of Warren County

Signature



CAMPAIGN PLEDGE FORM

645 Oak Street, Lebanon, Ohio 45036 513-932-3987 - www.uwwcoh.org

Date

(Mr./Mrs./Ms./Dr.) First Nam	e	MI Last Name			
Home Address	City		State	Zip	
Phone	□Work	Email	□Home □Wo	ırk	
Employer		Birthdate (MM/DD/YYYY)			
Check all that apply:	Recogn	iltion:			
□I want to learn about volunteer oppo □Sign me up for United Way E-News o □I want to learn about giving via my W □I'm retiring soon. Please keep in tou	quarterly ☐I have Vill ☐I am a	a leadership givers of \$3 e been giving to United \a a Woman who contribut Id like to remain anony	Way for 10+ Years. Year s tes \$250+	tarted	
Step 2	Your Gift			of Warren County	
Payment Options			Ag	gencies	
1. Easy Payroll Deduction A - Amount Per Pay B - Number of Pay Periods \$100 \$50 \$Weekly (52) \$25 \$515 \$Biweekly (26) \$10 \$5 \$Semimonthly (24) Other \$ \$Other \$ \$Other \$Dother \$Weekly (26) Cotal Payroll Deduction is A X B = \$\text{Cotal Card: Please visit www.uwwcoh.org (Donate Now Button)} 3 \$\text{Personal Check Attach check payable to United Way of Warren County} 4 \$\text{Bill Me} Frequency: \$\text{Monthly } Quarterly \$\text{One Time (add date)} \$\text{Long Time (add date)} \$Long Time (a			AC For Children Abilities First Foundation American Red Cross Camp Joy Cancer Family Care Family Promise of WC-IHN Franklin Area Community Services Kings Area Community Services Lebanon Food Pantry Little Miami Food Services SAFE on Main Shared Harvest Foodbank		
	ie Time (add date)		Warren Count	ty Community Svcs ,	
Total Annual Gift:			Inc. Wavne Towns	ship Community Aid	
Optional want to designate: (A minimum of \$24 is required to gi	Investment Option	S			
☐ A specific agency of United Way of Warren County:				\$	
☐ Other United Way (full name/addre	·ss):			_ \$	
Step 3	Your Signature				