

WIREGRASS UNITED WAY EMPLOYEE PLEDGE FORM

1. MY INFORMATION. Please print and sign at the bottom of the form. Your information, including your email, is never shared.

Company Name: _____

Your Name: _____ Phone: _____

Home Mailing Address: _____

City, State, Zip: _____ I am paid: weekly every other week monthly twice monthly

Preferred Email Address: _____

2. MY UNITED WAY INVESTMENT. Please select your method of contribution.

FAIR SHARE

When you check one of the boxes below to give one hour or one percent of pay per month to the WUW, you're choosing to give at the Fair Share level. All Fair Share donors will receive a Fair Share Discount Card in appreciation for your gift. If you don't know your exact hourly rate or percentage, simply check the box below and your payroll department will fill in the amount.

One hour of pay per month \$ _____

One percent of pay per month \$ _____

TOTAL YEARLY PLEDGE: \$ _____

Completed by payroll department.
(Hourly Rate x 12 = Total Yearly Pledge)

DIRECT BILL

Home address required in section 1.
\$100 minimum donation. All direct bill statements are mailed on a monthly basis until pledge is fulfilled.

Total Yearly Pledge: \$ _____

CASH OR CHECK

Cash \$ _____

Check \$ _____

Please make checks payable to Wiregrass United Way.

CHOOSE ANOTHER AMOUNT

\$ _____ per pay period

\$ _____ one time deduction

TOTAL YEARLY PLEDGE: \$ _____

(\$ Amount x # of Pay Periods = Total Yearly Pledge)

Check here if your donation is at or above Fair Share level

THANK YOU

FOR CHOOSING UNITED WAY



LIVE UNITED



Wiregrass United Way
P.O. Box 405
Dothan, AL 36302
(334) 792-9661
www.wuw.org



Get Connected. Get Answers.
GET HELP or GIVE HELP
24/7 by dialing 2-1-1. It's
the easy and free way to
get connected with our
agencies any time, any day.



Follow us
@wiregrassunitedway



Like us at
facebook.com/
wiregrassuw



Follow us
@wuwnews

If you wish to designate your gift,
write in the name of the agency
below.
A minimum pledge of \$50
per agency is required to designate.

(Agency) \$ _____

(Agency) \$ _____

Signature: _____ Date: _____

Your contribution is fully tax deductible. No goods or services were provided in exchange for this contribution.

White Copy: Payroll

Yellow Copy: United Way

Pink Copy: Donor