

2020 Donor Pledge Form

Greene County
United Way



Your Information

FIRST NAME: _____ LAST NAME: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

COMPANY NAME: _____

Your Gift

TOTAL GIFT AMOUNT

\$ _____

EASY PAYROLL DEDUCTION CHECK # _____ (Payable to Greene County United Way)

\$ _____ X _____ = \$ _____
Amount Per Pay Number of Pay Periods Total Gift Amount

BILL ME Now One-Time Jan. 1 Quarterly in 2020 CASH

CREDIT CARD American Express Discover Mastercard VISA

Credit Card Number Expiration Date MM/YYYY CVV Code

Your Recognition

Your donation of \$500 or more to Greene County United Way qualifies you as a Leadership Giver and your name will be listed as above in our Annual Report as well as on www.greencountyunitedway.org.

I prefer my gift remain anonymous Do not send a Thank You

Your Impact

Greene County United Way Community Impact Fund – *The most powerful way to invest in your community!*

Direct my contribution to a specific focus area
 Education Financial Stability Health & Wellness

Designate my gift
Agency's Complete Name AND Location _____ Amount \$ _____

Your Signature

No goods or services were provided in exchange for the contribution. United Way keeps your information confidential.

Signature: _____ Date: _____ **THANK YOU!**
Greene County United Way ~ 748 East High Street, Waynesburg, PA 15370 ~ Phone: 724-852-1009 ~ Fax: 724-627-3678