2023 Donor Pledge Form





Your Information

FIRST NAME:		LA	AST NAME:		
HOME ADDRESS:					
EMAIL ADDRESS:					
HOME PHONE:		W	ORK PHONE:		
COMPANY NAME:					
Your Gift		TOTAL GIF	T AMOUNT	\$	
EASY PAYROLL DED	UCTION		CHECK #_		(Payable to Greene County — United Way)
\$ Amount Per Pay	Number of Pay Periods	= \$ Total Gift Ar	nount	Roll over r	my donation
BILL ME - Now -	⊐One-Time Jan. 1	□ Quarterly in 20)23	CASH	
CREDIT CARD	American Express	□ Discover	□ Mastercard □	□VISA	
	Credit Card Number			Expiration Date MM/YYY	YY 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.greenecountyunitedway.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	ncy's Complete Name AND Loca	ation		\$	Amount
Your Signature	No goods or services were p	provided in exchange for	r the contribution. Ur		ormation confidential.