2023/2024 Donor Pledge Form





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)
\$ Amount Per Pay X Number of Pay Periods	= \$ Total Gift Amount	Roll over my previous donation
BILL ME Now One-Time Jan. 1	□ Quarterly	CASH
CREDIT CARD American Express	□ Discover □ Mastercard	□ VISA
Credit Card Number		Expiration Date MM/YYYY CVV Code
		Expiration Date William 1111
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 Agency's Complete Name AND Location	on	Amount
Vour Signature		\$
Your Signature No goods or services were provided in exchange for the contribution. United Way keeps your information confidential.		