PLEDGE FORM



MY INFORMATION

Prefix	First Name	M.I.	Last Name	Suffix
Home Ad	dress		City	
State	Zip	Personal Email	Age Range 16 - 20 31 - 45 56 - 65	
Mobile Ph	ione	Gender	— □ 21 - 30 □ 46 - 55 □ 66 +	
Employee	I.D.	Company Name	Account #	
Please lis	t me in any recognitior	n materials as follows:	□	l wish to keep my gift anonymous
2 G	ET CONNECTED		3 MY GIFT	
Dono for ac more.	cess to exclusive even	y to join the following membership groups hts, networking, volunteer opportunities and personal email above to receive exclusive	PAYROLL DEDUCTION Number of pay periods: Total \$ Amount per pay period: \$	
En C We	nerging Leaders: \$250] Yes, I would like to jo omen United: \$500 or i	or more and age 21 - 45 oin Emerging Leaders more	 CREDIT CARD One-time donation: Visit pledgeuw.org for payment Payment plans: Call 210.352.7015 	
LEAI Your I famili	es are on a path to a s		CASH OR CHECK Please attach and make checks payable to United Way. Check #	
To Bri Be Te	ommunity. cqueville Society iscoe Society jar Society jas Society amo Society	\$10,000 or more \$5,000 - \$9,999 \$2,500 - \$4,999 \$1,000 - \$2,499 \$500 - \$999	Monthly Quarterly Once on (date) STOCK Visit uwsatx.org/stocks for details	
	Yes, I would like to p	ociety: \$5,000 or more participate in the Tocqueville Step Up Program (\$5,000 or more this year) (\$5,000 or more this year)	TOTAL ANNUAL GIFT: \$ Image: Please send me information on including United View 1	Way in my estate
	IVEST MY GIFT (O		plan and the potential tax benefits	
		of United Way's Impact Areas:	I want to support Unit	ed Way
🗌 In	vest my total gift across all ed Way's Impact Areas	Preparing young children for life	Fostering self-sufficiency for individuals and families Impact and Community by designating my gif \$	ty Partners t code

Code #	\$
Code #	\$

Full list of United	Way partners:	uwsatx.org/partners
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Please forward my information to the Impact and/or Community Partner(s) I have designated

DATE: _

SIGNATURE REQUIRED:

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Areas

THANK YOU FOR YOUR SUPPORT!

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