

## PLEDGE FORM

Creating and cultivating an unbreakable network of support

1. CONNECT	MR/MRS/MS/DR	First Name		MI Last Name				Suffix	
Home Address			City			St	ate	ZIP	
Home/Cell (Circle	e which phone line	Permanent l	Email Address	(required for c	redit card)	Work Em	ail address		
2. INVEST	My tota	My total investment this year is \$ Please choose your payment opt							
PAYROLL DEC	DUCTION THROUGH	MY EMPLOYER		ant to pledge th	_			 linator if you are unsure.	
CASH/CHECK	Amount e	nclosed \$	Check	#	Make checks pa	ayable to United V	Vay of Kaw Valle	<b>.</b>	
CREDIT CARE	» Credit Card a	o charge \$		ation Date:			O <sub>VISA</sub>	O Discover	
BILL ME	A. Choose		O Debit my b	bank account–P x 12) 💮 Qเ	lease attach voi uarterly ( x 4)	_	O Email one time on:	•	
STOCKS & SECURITIES		and instructions					ers 40 vears	of age or younger who	
invest \$500 or Optional—Pleas	more annually ca e invest my pledo signated to a part	n join our Young je in: O Jackso	Leaders Sociens	ety. (Check the Y O Jefferson Co	LS box in Section	on 4 to get mor	e information		
3. RECOGNIZE					Da	te of Birth			
How would you like your name to appear in recognition?  O Please do not list my name in publications  O List me as a combined giver with			_	(Example: John & Jane Smith, Dr. Jane Smith, John Jones & Jane Smith)					
			N	Name Company					
	about YLS (Youn about planned g	•	, , ,	jer; \$500 or moi	re). O	I plan to retire	in: <u> </u>		
5. SIGN & DAT			Date	this contrib of your pay paid to a ci	hution. Keep a cop ' stub, W-2 or othe	ny of this form for er employer docur ntion. More inforn	r your tax recon ment showing t nation on allow	ovided in exchange for rds. You also need a copy he amount withheld and vable deductions is	

	OPTIONAL DESIGNATION	8		Kaw Valley	
\$		nt among two or more ar 1. Then indicate below ho			
\$	WHOLE FAMILY: Y	OUTH OPPORTUNITY			
		ed by informed parents on ildhood programs that p			
\$	WHOLE FAMILY: F	INANCIAL SECURITY			
	All individuals and f be financially secure	amilies have the resourc e.	es, skills, and conditions	s necessary t	.0
\$	WHOLE FAMILY: H	IEALTHY COMMUNITY			
	All individuals have healthy lives.	itions they need to thriv	e and live		
\$	<b>COMMUNITY NAV</b>	IGATION			
	Dedicated professi individuals and fam	ve, connecti	ng		
\$	DOLLY PARTON'S	IMAGINATION LIBRAR	Y		
		ination Library: \$30 gives			
C.	Please choose:	O Shawnee County (			
<u> </u>	GIVE TO ANOTHER			M INVESTMENT	
		ition to a United Way in a p code of a neighborhoo			d
	UW Name or ZIP Code	e:			_
\$	GIVE TO A UWKV P	ARTNER	(\$50 MINIMU	M INVESTMENT	
Scan QR code to sec		-date list visit www.uwka he left, or ask your Camp		partners,	
The list online	Name:		Code:	_	
E16642806	Name:		Code:	<u> </u>	
VVUIVILIN comm	en United provides one-ti nunity. <b>To join Women Ur</b> en United contributions a es a minimum \$100 annu	nited, complete the inforce processed separately	rmation below and att	ach your pa	yment.
CASH/CHECK Amo	ount enclosed \$	Check #	Make checks payable to <b>U</b>	nited Way of K	aw Valley.
Children Child	ount to charge \$ =			<b>O</b> VISA	O Discover
	dit Cards cannot be processed ut a valid e-mail address in Section 1.	Expiration Date:		OMC	O AMEX

UNITED WAY