

# Pledge Form

United Way of  
Central Kentucky



## 1. Please Tell Us About Yourself \*\*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Email (So we can tell you the difference your investment is making in our community.) \_\_\_\_\_

### I would also like information about :

- Newsletter
- Volunteering
- Becoming a Committee Member
- Advocating
- Becoming a Leadership Donor

## 2. My Gift

Payroll Deduction

\$ \_\_\_\_\_  
 \$5    \$10    \$25

## 3. I Am Paid

- Weekly (52)
- Twice a Month (24)
- Every Two Weeks (26)
- Monthly (12)

One-Time Donation

\$ \_\_\_\_\_  
I am Enclosing  
 Check    Cash

Or,  
simply  
scan our  
QR Code  
for quick  
and safe  
donation.



Please Bill Me

\$ \_\_\_\_\_  
\$500 Minimum Gift

- Please List My Gift as: \_\_\_\_\_
- Anonymous

### Focus my investment (optional):

- General Fund
- Education:
- Income
- Health & Basic Needs

\*See the back for information about where your gift goes.

## 4. Please Sign and Date

Signature \_\_\_\_\_ Date \_\_\_\_\_

White Copy = Payroll   Yellow Copy = United Way   Pink Copy = Donor

Internal Use Only

Donation Total

## \*Where Your Money Goes

**General Fund:** the most powerful way to invest in your community.

**Education:** Prepare children, youth and young adults to succeed in school and life.

**Income:** Ensure people have the appropriate skills to maintain a living wage employment.

**Health & Basic Needs:** Increase access to quality, affordable health and crisis intervention services and basic needs are met in a timely manner through a coordinated system of efforts.

[unitedwayck.org](http://unitedwayck.org) | 604 North Main Street, Elizabethtown, KY 42701 - 270-401-5527

We will never sell or distribute your personal information to a third party.  
No goods or services were provided in exchange for this contribution.

