



United Way of Greater Williamsburg
 312 Waller Mill Road, Suite 100
 Williamsburg, VA 23185
 Ph. (757) 253-2264
 Fax (757) 253-2837
 www.UWGW.org

Information you provide is used only to properly credit your contribution and communicate with you about United Way and related program information. We respect the privacy of our donors and do not rent, trade or sell this information. In compliance with IRS regulations, United Way of Greater Williamsburg hereby verifies that no goods or services have been given in return for this contribution.

Company/Employer - Please use this space to affix your employee label

Leadership Pledge - Gifts of \$500 or more are acknowledged by membership in the Burgesses Club.

- Alexis de Tocqueville Society (\$10,000)
- George Washington Society (\$5,000 - \$9,999)
- John Adams Society (\$3,000 - \$4,999)
- Thomas Jefferson Society (\$2,000 - \$2,999)
- Peyton Randolph (\$1,000 - \$1,999)
- Patrick Henry (\$500 - \$999)

Please print your name as you would like it to be listed in the Burgesses Club.

COMMUNITY IMPACT FUND - - the most powerful way to help the most people.

I want to make the greatest impact possible by giving to community-wide programs that address many different needs and benefit the most people. I understand local volunteers will decide which programs and services will be funded.

Donor Choice You may designate your gift to a specific agency of your choice (must be a 501(c)(3) non-profit*).

IMPORTANT - Please print and fill out pledge form completely. Thank you.

<input type="text"/>		<input type="text"/>	
First Name		Last Name	
<input type="text"/>		<input type="text"/>	
Employer		Pair my gift with spouse or partner	
<input type="text"/>		<input type="text"/>	
Home Address			
<input type="text"/>			
City/State/Zip		Email Address	
<input type="text"/>		<input type="text"/>	

Payment Options:

<input type="checkbox"/> Payroll Giving	\$ TOTAL <input type="text"/>	<input type="checkbox"/> Cash/Check	\$ <input type="text"/>
I pledge per pay period: <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$ 5 <input type="checkbox"/> \$15 <input type="checkbox"/> \$ 2 <input type="checkbox"/> Other: \$ <input type="text"/>		*Make checks payable to United Way of Greater Wmsbg. <input type="checkbox"/> Direct Billing \$ <input type="text"/> <input type="checkbox"/> Quarterly <input type="checkbox"/> Once: <input type="text"/> Month/Year	
My pay period is: <input type="checkbox"/> Weekly (52) <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Monthly (24) <input type="checkbox"/> Monthly (12)			

TOTAL AMOUNT OF DONATION

\$

Employee Signature: _____

Agency

Address

*Address required if non-United Way agency.