

LIVE UNITED

Education, Income & Health



4800 S. US Highway 1
Fort Pierce, FL 34982
Phone (772) 464-5300
www.unitedwayslc.org

____ Yes, I would like to help people in need in our community with my gift to United Way.

Please check one: ____ 26 pay periods or ____ 52 pay periods

____ \$3.00 ____ \$5.00 ____ \$10.00 Other \$_____ per pay period

One-time cash contribution of cash/check \$ _____

Signature _____ Date _____

Leadership Society \$500.00 and up.

Example:

52 pay periods \$10 per pay period = \$520.00

26 pay periods \$20 per pay period = \$520.00

We have not provided you with any goods or services in exchange for this pledge. No professional solicitors were hired to raise these funds. Tax receipts will be mailed the January following payments. For payroll deduction gifts your year-end pay stub & a copy of your pledge card are required for tax purposes.

Top Copy/Company ~ Middle Copy/United Way ~ Bottom Copy/Donor

THANK YOU! Your contribution is an investment in your community.

Mr. Mrs. Ms. Other _____ Employer: _____ City I Work In: _____

I would like to be recognized in publications as (see below): I wish to remain ANONYMOUS (I do not want my name printed/published).

First Name: _____ Initial: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

This portion is optional:

United Way of Indian River County United Way of Martin County Other designation: _____

Designations must be to a 501 c 3 agency/organization and must be at least \$50.00 minimum donation.