

United Way of the Lowcountry Annual Campaign Pledge Form

Partnering with you to improve the quality of life for residents in Beaufort and Jasper Counties.



United Way of the Lowcountry
Serving Beaufort and Jasper Counties
PO Box 202 | Beaufort, SC 29901
843-982-3040 | www.uwlowcountry.org

Company Name _____

Department _____

Your Contact Information

First Name _____ Last Name _____

Home Address/City/State/Zip _____

Home Phone _____ Personal Email _____

How would you like your name listed in our acknowledgement forms? _____

I would like my gift to remain anonymous. Please do not list my name.

Don't know how much to donate? Here are some suggestions...

If you make more than \$50,000 annual income – consider 2%. | If you make more than \$25,000 annual income – consider 1%.
If you make less than \$25,000 annual income – consider one hour of pay per month.

Your Total Gift Amount This Year: \$ _____

Your gift may be made in one of three ways: payroll deduction, credit card or cash/check. Please choose the option below that works best for you.

Payroll Deduction:

I would like \$_____ deducted from each pay check. If you are making a deduction each pay period, you must divide your **Total Gift Amount** by the number of pay checks you receive during the year.

I would like to make a **one time** deduction of \$_____ from my pay check.

Credit Card: This one-time transaction will be processed securely using Stripe. Your home address and phone number are required in the contact section of this form for a credit card donation. You may also give your gift online at www.uwlowcountry.org.

I would like \$_____ (minimum \$25) charged to my credit card. Please charge my: Visa MasterCard

Card Number _____ Exp. Date _____ AMEX Discover

Security Code _____ Signature _____

Cash/Check: Please give your one-time cash or check gift to your workplace campaign coordinator.

Cash Gift Check Please Bill Me (Your home address and phone number are required above)

If you would like to designate your gift to a specific priority area, please indicate the area(s) you prefer. If multiple areas are selected, your gift will be distributed equally among the selected areas.

Basic Needs Education Health Economic Mobility

Total Household Gift: Palmetto Society Members are donors who contribute \$1,000 or more, either as an individual or combined with a spouse. By completing the information below, we will be able to accurately reflect your total contribution.

Spouse's Name _____ Spouse's Gift Amount \$_____ Spouse's Employer _____

How would you like your name(s) listed in our publications? _____

United Way of the Lowcountry actively encourages our donors to GIVE, ADVOCATE and VOLUNTEER. We have several ways for our donors to get involved through the following groups. If you would like more information on any of these groups, please indicate below.

Women United: Joining female leaders who contribute and work together.

Early Grade Reading Program: Volunteering as a tutor, mentor or reader.

Community Impact: Helping evaluate area agencies and programs.

Planned Giving: Leaving a gift in your will to United Way of the Lowcountry.

Your Signature _____ Date _____

No goods or services were provided in exchange for this donation. To protect your privacy, United Way of the Lowcountry does not release your name to other parties unless authorized. This contribution will continue unless revoked or modified by the donor.