

2023-2024 CAMPAIGN PLEDGE FORM



United Way
of South Mississippi

1: MY INFORMATION

PLEASE PRINT CLEARLY

(MR./MRS./MS./DR.) _____ FIRST NAME _____ LAST NAME _____ (JR./SR./OTHER) _____

MALE FEMALE PREFER NOT SAY

BIRTH DATE-MM/YY

EMPLOYER _____

EMAIL ADDRESS _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

99¢

OF EVERY DOLLAR STAYS
LOCAL



2: MY GIFT

<p>LEADER'S CIRCLE GIVING LEVELS</p> <p>Emerging Leader: \$500-999 Community Leader: \$1,000-2,499 Grand Leader: \$2,500-4,999 Legacy Leader: \$5,000-9,999 Alexis deTocqueville: \$10,000+</p>	<p>ANNUAL GIFT</p> <p>\$ _____</p>	<p>WOULD YOU LIKE TO ADD:</p> <p>\$145 DOLLY PARTON'S IMAGINATION LIBRARY GIFT <input type="checkbox"/> YES! <input type="checkbox"/> No Thank You</p> <p>Your \$145 gift will sponsor a child for five years in Dolly Parton's Imagination Library, sponsored by United Way of South Mississippi. Enrolled children receive a new book in the mail every month until they reach the age of 5.</p>	<p>TOTAL GIFT</p> <p>\$ _____</p>
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I AUTHORIZE MY EMPLOYER TO DEDUCT "MY FAIR SHARE" (1 hour's pay per month), which is \$ _____ per month.

3: METHOD OF PAYMENT

PAYROLL DEDUCTION \$50 \$25 \$15 \$10 OTHER: \$ _____

* I authorize my employer to deduct my contribution to United Way from my paycheck per pay period.

\$ Amount Per Pay Period	X	Pay Periods Per Year	=	Total Payroll Deduction (Annual Gift)
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MONTHLY (12) WEEKLY (52) BI-MONTHLY (24) EVERY OTHER WEEK (26)

ONE TIME (PLEASE ATTACH CASH OR CHECK) CASH CHECK CHECK# _____ AMOUNT: \$ _____

BY BANK ACCOUNT ACCOUNT # _____ ROUTING # _____ AMOUNT: \$ _____

CHECKING SAVINGS MONTHLY QUARTERLY ONE TIME

I would like UWSM to direct my contribution to a 501(c)(3) human services agency serving Hancock, Harrison, Pearl River and/or Stone Counties, or to any other U.S. United Ways. Designations are allowed for one (1) 501(c)(3) agency for a minimum of \$500. Please provide the agency's name and address and the amount of your designation. Please refer to the Designation Policy at www.unitedwaysm.org/campaign/campaign-toolkit.

AMOUNT: \$ _____ AGENCY INFO: _____

SIGNATURE (REQUIRED TO PROCESS PLEDGE)

_____ X _____ DATE: _____

I understand that I am making a charitable contribution, and that no goods or services were provided in exchange for this contribution. *Incomplete agency information will result in your gift being directed to United Way. Designated gifts are subject to a processing fee.



UNITEDWAYS.M.ORG