2024-2025 Rice County Area United Way PLEDGE FORM

STEP 1:	MR/MRS/MS/DR FIRST NAME	MI LAST NAME	
My Information	HOME ADDRESS (For credit card charges, address listed must	t be your billing address.)	
	CITY	STATE ZIP CODE	
	COMPANY NAME		
	EMAIL ADDRESS (needed for credit card charges)		
	HOME PHONE		
STEP 2:	PAYROLL DEDUCTION \$ per pay period x #	pay periods = \$	CONTRIBUTION CALCULATOR
My	☐ CASH or PERSONAL CHECK Payable to: Rice Co	ounty Area United Way	BI-WEEKLY (26)
Donation	Check # Date	\$	PLEDGE TOTAL \$2 \$52
	☐ CREDIT CARD ☐ Visa ☐ MasterCard ☐ Ar	·	\$3 \$78
THANK YOU!	One time charge		\$5 \$130
	☐ Monthly charges of \$ for mo Card #	onths starting/	\$10 \$260 \$15 \$390
	Exp. Date/ CVC Code	\$	\$25 \$650
	Billing ZIP Code		\$50 \$1,300
OPTIONAL DESIGNATION	DNS My 101AI	L Annual Gift is \$	\$75 \$1,950
☐ Direct my funds to an A	Agency Partner (listed in brochure and ricecountyuni	itedway.org/partner-agencies)	\$100 \$2,600
☐ Direct my funds to ano	ther human services nonprofit		
Name			
Address			
		☐ I am retiring this year, pleas	se keen in touch
	nor that my girt romain anonymous.	at this email	·
Signature		Date	
STEP 3:	Want to know more about getting in	volved?	
	Visit us at ricecountyunitedway.org		nformation:
My Involvement	☐ Volunteer Opportunities		
	\square Grant Allocations Panel		IInited
	\square Board of Directors		United

