



**My 2017-18 Pledge to United Way is \$ \_\_\_\_\_**

## Contact Information

NAME(S) \_\_\_\_\_

EMPLOYER/ORGANIZATION \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## Payment Options

Check enclosed, payable to United Way of Carlisle & Cumberland County

Bill me: Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ One time on (mm/yy) \_\_\_\_\_

Credit Card or Debit Card

Visa  MasterCard  American Express  Discover

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Bank Withdrawal (United Way will contact you for information)

Transfer of Securities; contact United Way when ready to transfer stock

Payroll Deduction

I/we prefer my/our donation to remain anonymous

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Donor Designations

**Please distribute my pledge as follows:**

United Way of Carlisle & Cumberland County <b>Community Impact Fund</b> (\$2,500 minimum to be distributed to 41 local non-profit programs)	\$ _____
Endowment Fund, United Way of Carlisle & Cumberland County	\$ _____
United Way Success By 6™ Initiative	\$ _____
United Way Heating Coalition	\$ _____

**I wish to direct a portion of my gift to the following 501(c)(3) organizations:**

Name & Address of Organization(s)	Gift Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

- *Please list additional directed gifts on an additional attached page.*
- *We pay directed gifts upon receipt of your payment. We remind you that we do not charge any fees against your designations.*
- *The intended use of your directed contributions must be recorded by **June 30, 2018**.*
- ***Donors may not receive any goods or services for designations***

**Thank you for being a leader in our community!**

*Please return form to:*

*145 S. Hanover Street, Carlisle, PA 17013*