

Signature:

been given in return for this contribution.

United Way of Coastal Georgia, Inc.
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Office: 912-265-1850
Fax: 912-265-1855
www.uwcga.org

UNITED WAY OF COASTAL GEORGIA PLEDGE FORM

## **THE COMMUNITY FUND**

The impact of your individual gift is multiplied when combined with hundreds of others through the Community Fund. This fund is the most powerful way our community delivers support where it is most needed day after day, year after year, sustaining the nonprofit health and human services network that helps our region thrive.

My Contact Information					
Prefix First Name	MI	LAST NAME			SUFFIX
HOME ADDRESS (Required for Caring Club®)		Сіту		STATE	ZIP
HOME ADDRESS (Required for Carin	ig Club <sup>®</sup> )	GITY		STATE	ZIP
PREFERRED EMAIL PREFERRED PHONE				EMPLOYER	
☐ This is a combined gift with					
☐ I/We wish to remain anony	mous	Spouse/Partner Name		Spouse/Partner Employer	
☐ I/We wish to be recognized by the following name(s):					
— If we wish to be recognized by the following hame(s).					
MY UNITED WAY INVESTMENT					
☐ CASH (ENCLOSED) \$					
☐ CHECK (ENCLOSED) \$					
☐ CREDIT (Please visit <u>www.uwcga.org/donate</u> to complete the transaction) \$					
☐ Payroll Deduction \$	X		= <u>\$</u>		
	NT PER PAY PERIOD	# OF PAY PERIODS/YR.			
☐ FAIR SHARE \$ ONE H	OURS PAY	12 Months/Yr.	= <u>\$</u>		
REQUEST MORE INFORMATION TOTAL CONTRIBUTION					
Please visit our website at <a href="https://www.uwcga.org">uwcga.org</a> <ul> <li>Legacy and Leadership Giving</li> </ul>	ion about: Investment Process	\$		YOU	
Volunteer Opportunities	<ul><li>UWCGA Community</li><li>Leadership and Educ</li></ul>				.00!
WHERE I WANT TO HELP					
■ THE COMMUNITY FU	Or Choose an im	npact area:			
One gift helps many.		☐ Education <u>\$</u> ☐ Financial Stability <u>\$</u> ☐ Health <u>\$</u>			
*Other designation options: For gifts of \$250 or more UWCGA can direct donations to any of our current partner agencies as a service to our donors. For a full list of organizations visit uwcga.org/partner-agencies. Any designations that are below \$250 or are directed to non-partner agencies will be directed to UWCGA's Community Fund.					
Organization Name:		Amount: \$			
AUTHORIZATION (PLEASE SIGN AND DATE)					

United Way of Coastal Georgia will not rent, trade, or sell any data provided. Please visit uwcga.org to view our privacy policy. No goods or services have

Date (MM/DD/YY): \_