



UNITED WAY
Ocoee Region

CAMPAIGN PLEDGE FORM

UNITED WAY OF THE OCOEE REGION | 85 S. OCOEE STREET, CLEVELAND, TN 37311 | (423) 479-2020 | WWW.UNITEDWAYOCOEE.ORG

STEP 1

MY INFORMATION

Your personal information is kept confidential and will not be sold or shared.

Mr/Mrs/Ms/Dr	First Name	MI	Last Name
Home Address			
City	State	Zip	
Preferred Email Address		Preferred Phone Number	
Company Name (or company retired from)			
Date of Birth	☐ I am retiring soon	Anticipated Retirement Date	

Thank You!

We'd like to recognize you in our publications.

☐ Combine my gift with my spouse/partner.

Spouse/Partner Name

Spouse/Partner Employer

☐ Or, check here if you prefer to remain anonymous in publications.

STEP 2

MY INVESTMENT

No goods or services were exchanged for this contribution.

1. CASH, CHECK OR CREDIT CARD Total Gift Today \$ _____

☐ Cash (enclosed) ☐ Check (enclosed)

☐ Credit Card (Visa, MC, Amex accepted)

Scan the QR Code to pay by Credit Card
or visit www.unitedwayocoe.org/give



2. BILL ME (billed to address above)

One Time Gift of \$ _____ or Quarterly Pledge of \$ _____

3. SUSTAINED GIVING

Visit our website at unitedwayocoe.org/donate to make ongoing gifts automatically and securely from your bank account or credit card.

4. PAYROLL DEDUCTION

Pledge Amount Per Pay Period:

☐ \$100 ☐ \$50 ☐ \$25 ☐ \$10 ☐ \$5

Other Amount \$ _____

Power of an Hour \$ _____

OR

x

of Pay Periods per Year _____

=

TOTAL
ANNUAL GIFT

\$

STEP 3

MY IMPACT

GET INVOLVED

I'm interested in ...

- ☐ Volunteering on an Impact Panel (Fund Allocation)
- ☐ Serving during Day of Action
- ☐ Young Professionals Circle (YPC) Membership
- ☐ Women United
- ☐ William Hall Rodgers Christmas Food Basket Program

OPTIONAL Investment Elections

☐ MAKE THE GREATEST IMPACT - SUPPORT ALL PROGRAMS

- ☐ Educational Programs ☐ Health Programs
- ☐ Stability Programs ☐ Childcare Programs
- ☐ *Designate to a 501(c)(3) Agency (\$25 minimum) _____

*If your designated choice becomes fully funded, your gift will be allocated to "make the greatest impact."

AUTHORIZATION (REQUIRED)

Signature:

Date: