

Campaign Pledge Form

Together, we are building brighter futures.



United Way of the Greater Clarksville Region
107 Jefferson St., Ste. 107
Clarksville, TN 37040
(931)647-4291

Questions about this pledge form? Contact: 931.647.4291 or 615.780.2479

NAME (Last, First) _____ SPOUSE/PARTNER NAME (If joint gift) _____ COMPANY/LOCATION _____ PAY GROUP _____

ADDRESS (For credit card charges and direct bill gift options, address listed must be your billing address.) _____ CITY _____ STATE _____ ZIP _____

EMPLOYEE ID _____ PHONE () - _____ DATE OF BIRTH (MM/DD/YY) _____ EMAIL ADDRESS PERSONAL WORK

Please list me/us in any recognition materials as follows: (ex. John & Jane Smith)

I wish to keep my gift anonymous.

1 How much will you give?

I want to give at a Leaders United level.

Leaders United donors provide the foundation for a better community with a minimum annual gift of \$500 (\$9.61/week) or more.
Red River Chapter: 500 - \$999 • Cumberland Society - Bronze Level: \$1,000 - \$2,499 • Silver Level: \$2,500 - \$4,999 • Gold Level: \$5,000 - \$9,999 • Tocqueville Society: \$10,000+

\$ _____

Other

\$ _____

- I want to join the Young Leaders Society.**
For young professionals ages 45 and younger who pledge a minimum annual gift of \$500 to United Way
- I want to join the Patricia Hart Society.**
For women who pledge a minimum annual gift of \$500 to United Way

2 Where will your gift go?

I want United Way to invest my gift in the **Community Fund for the greatest impact in all three counties that United Way of the Greater Clarksville Region serves. (Montgomery, Houston, and Stewart)**

I want United Way to invest my gift in the **Community Fund for the greatest impact in all nine counties that United Way serves. (Cheatham, Davidson, Dickson, Hickman, Houston, Montgomery, Robertson, Stewart and Williamson)**

\$ _____

I want to designate to an agency/non-profit (minimum \$50 annual gift required) or a specific county.

\$ _____

Agency name, United Way name or county _____

Total Gift \$

3 Payment Method

EASY PAYROLL DEDUCTION

I want my total gift to be divided evenly between my pay periods.

OF PAY PERIODS PER YEAR _____

DIRECT BILL (\$50 Annual Minimum)

Please bill me:

- Quarterly
- Annually

ONE-TIME GIFT

Gift to be paid by:

- Cash (enclosed)
- Personal check (enclosed)
- Credit Card* - VISA M/C A/MEX DIS

ACCT # _____

EXP. _____

E-MAIL _____

STOCK GIFT

Please call 615.780.2451 when you are ready to transfer funds.

We will also follow up with you to confirm processing.

SIGNATURE REQUIRED: _____

Date: ____/____/____

Please check the accuracy of all your entries.

Please save a copy of this pledge form for your records.