



United Way of Richmond County

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Rockingham, NC 28380

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www.unitedwayrichmondnc.net

Pledge Form

Step 1

Donor Information (Please Print)

Your personal information is confidential and is never sold or shared.

Name _____ Company _____

Home / Work Address _____

City, State, Zip _____

E-mail _____

Step 2

Gift Amount and Payment Method

Payroll Deduction:

\$_____ per pay period

I am paid:

- Weekly (52)
- Bi-weekly (26)
- Semi-Monthly (24)
- Monthly (12)
- _____ (custom)

Cash, Check or Credit Card:

- Cash \$_____
- Check # _____ \$ _____

Payable to United Way of Richmond County

- Credit Card: www.unitedwayrichmondnc.net to make a one time or recurring gift.

Bill Me:

- Monthly
- Quarterly
- Semi-annually
- Once _____
Date

My Total Annual Gift: \$ _____

Step 3

Choose how you want to invest in your community

- Please use my gift where needed I wish to designate to one or more United Way Partner Agencies or other :

CHILDREN & YOUTH

- ___ Back Pack Pals
- ___ Boy Scouts
- ___ Leak Street Alumni
- ___ Richmond County 4 H
- ___ Richmond Co. School Exceptional Children Program
- ___ Sandhills Children Center

HEALTH & WELLNESS

- ___ Richmond County Aging Service
- ___ Samaritan Colony

STRENGTHENING & SUPPORTING

- ___ Habitat for Humanity
- ___ Pee Dee Pregnancy Resource Center

CRISIS SERVICE

- ___ American Red Cross
- ___ New Horizon's Life & Family Services
- ___ Our Daily Bread
- ___ Richmond County Rescue Squad
- ___ Salvation Army

Step 4

Please sign and date your pledge.

Signature _____ Date _____

- I prefer to be thanked by: E-mail Mail No thank you note

- I / we prefer to remain anonymous

United Way Representative Signature: _____

Second copy of this form serves as receipt.

Thank you for your support!

Your gift is tax-deductible as allowed by law. No goods or services have been given in return for this pledge.