

Giving Pledge Form

FULL NAME			
HOME ADDRESS			
CITY	STATE		ZIP
EMAIL ADDRESS		PHONE NUMBER	
AIVINA AN VAUD TERMA			

GIVING ON YOUR TERMS

Payroll Deduction
I would like to support the community with the following amount per pay period
\$2 \$3 \$5 \$10 \$15 \$25
\$50 \$100 \$500 \$1,000 \$
My pay period is:
Weekly (52 per year)
Twice a month (24 per year)
Every 2 weeks (26 per year)
Other
My total investment: \$
COMPANY NAME

Credit Card	
Minimum credit ca	rd charge is \$10.
Bill me once: \$	
Bill me monthly: \$	
NAME ON CARD	
CARD NUMBER	
EXP DATE	SEC CODE
Cash	
Venmo @unitedwaydor	

The undersigned hereby confirms that the donation was freely given without any obligation or expectation of return.

SIGNATURE DATE