

# Pledge Card

UW ACCT NO. \_\_\_\_\_

DATE \_\_\_\_\_

**IN CONSIDERATION OF COMMUNITY NEEDS, I PLEDGE MY FAIR SHARE.**

## United Way of Wilson County, Inc.

TOTAL PLEDGE

PAID NOW

BALANCE DUE

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

UW OFFICE USE

CHECK  CASH

AUDITOR

Method of payment for unpaid balance:

- BILL DIRECT**  
 monthly  
 quarterly  
 semi-annually  
 annually  
 other \_\_\_\_\_ Begin On \_\_\_\_\_

**PAYROLL DEDUCTION** I hereby authorize my employer to deduct:

\$ \_\_\_\_\_ per paycheck for \_\_\_\_\_ pay periods for a

TOTAL PLEDGE

\$ \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNED \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**LEADERSHIP CIRCLE**

*(details to the right)*

Permission to publish name

\_\_\_\_ yes \_\_\_\_ no

Consider Joining The  
**L. Vincent Lowe, Jr.**

*Leadership*

**Circle**

**\$10,000 & Over**  
**Alexis de Tocqueville Society**

**\$5,000 to \$9,999**  
**Chairman's Society**

**\$2,500 to \$4,999**  
**President's Society**

**\$1,000 to \$2,499**  
**Leadership Society**

**\$500 to \$999**  
**Pillars**

### Fair Share Guide

Salaried Givers -

1% of gross annual salary

Hourly Givers -

1 hour's pay per month

(6/10 of 1% of gross salary)

**INVEST IN YOUR  
COMMUNITY THROUGH THE  
UNITED WAY OF WILSON COUNTY**

**\$1 PER WEEK** provides 12 elderly homebound senior citizens a hot, nutritious meal through the home delivered meals program.

**\$2 PER WEEK** can shelter someone who is homeless for one night or provide food to someone who is hungry.

**\$5 PER WEEK** can provide two children with a learning environment and recreational experience keeping them safe and off the streets.

**\$7 PER WEEK** can provide emergency day care for five sick children for one week each, so five teen mothers can go to school.

**\$10 PER WEEK** sends six children with developmental disabilities to summer day camp where they can swim, sing, snack, participate in arts and crafts and receive a hug every day.

**LIVE UNITED**



# Thank You

**Living United in Wilson County  
Since 1959!**

In 1959, the United Fund of Wilson County was organized during a meeting at the Cherry Hotel. The goal for this initial fundraising effort was set at \$79,568.30. Today, the organization we now call the United Way raises more than one-million dollars annually to fund human service agencies for people in need in Wilson County.



# Thank You

United Way of Wilson County does not provide goods or services as whole or partial consideration for any contributions made by payroll deduction, cash, or checks.

**Community Wide Care:** *United Way recommends this choice.* This is how your gift has been traditionally distributed by the United Way to local charities. The benefits are that your gift helps the most people and your dollars are distributed by knowledgeable volunteers.

**Specific Care:** Please direct my gift, amount indicated, to the Agency or another United Way as listed here. (**Specific Care must be a minimum of \$25.00 per agency**) Agency 4 digit Code(s) are located in your United Way brochure.

Agency Code # \_\_\_\_\_ = \$ \_\_\_\_\_  
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Agency Code # \_\_\_\_\_ = \$ \_\_\_\_\_  
Agency Code # \_\_\_\_\_ = \$ \_\_\_\_\_  
United Way of \_\_\_\_\_ = \$ \_\_\_\_\_  
list county & state

**IF YOU CHECKED ANY OF THE ABOVE,  
YOU MUST PROVIDE THE FOLLOWING INFORMATION**

Your name \_\_\_\_\_ **Please Check One:**  
Address \_\_\_\_\_  Paid herewith  
City \_\_\_\_\_ Zip \_\_\_\_\_  Payroll deduction  
Firm - if employed \_\_\_\_\_  To be billed

*Stub must be received by United Way office no later than  
**Oct. 31** to be honored.*

## CASH RECEIPT

\_\_\_\_\_  
NAME  
has contributed to the  
**United Way of Wilson Co., Inc.**

Total Gift ..... \$ \_\_\_\_\_  
Paid Now ..... \$ \_\_\_\_\_  
Balance Due. \$ \_\_\_\_\_  
Solicitor \_\_\_\_\_  
Date \_\_\_\_\_

*Make Checks Payable to:*  
**UNITED WAY OF  
WILSON COUNTY, INC.**  
P.O. Box 1147

Wilson, NC 27894-1147  
Phone: 252-237-3194

(Your contribution is tax deductible)

**NOTHING HAS BEEN GIVEN IN RETURN FOR THIS CONTRIBUTION.**

"FINANCIAL INFORMATION ABOUT THIS ORGANIZATION AND A COPY OF ITS LICENSE ARE AVAILABLE FROM THE STATE SOLICITATION LICENSING BRANCH AT 919-807-2214. THIS LICENSE IS NOT AN ENDORSEMENT BY THE STATE."