

# FRONT

## Pledge Card

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

DATE \_\_\_\_\_

COMMUNITY NEEDS, I PLEDGE MY FAIR SHARE. ☐

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

### 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.

## United Way of Wilson County, Inc.

TOTAL PLEDGE

PAID NOW

BALANCE DUE

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

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

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

Method of payment for unpaid balance:

☐ BILL DIRECT ☐ monthly ☐ quarterly  
☐ other \_\_\_\_\_

☐ PAYROLL DEDUCTION I hereby authorize

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

paycheck for \_\_\_\_\_

pay periods for a \_\_\_\_\_

If you choose Bill Direct, we will need you provide us with the timing for your billing and your name and address.

Please print and sign your pledge card whether you give or not.

If your gift (or your gift combined with your spouses gift) qualifies you for the Leadership Circle \$500 + please check the appropriate box.

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

SIGNED \_\_\_\_\_

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

CITY \_\_\_\_\_

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

LEADERSHIP CIRCLE  
(details to the right)

Permission to use my name \_\_\_\_\_  
yes \_\_\_\_\_ no \_\_\_\_\_

\$10,000 & Over  
Alexis de Tocqueville Society

\$500 to \$999  
Pillars

LIVE UNITED



Thank You

# BACK

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 \$70,568.20. Today, the



Thank You

If you wish to designate your gift use the following steps: Check Specific Care and fill in the 4 digit code that can be found in your United Way Campaign Brochure.

All Donors Choice designations must be at least \$25 per agency.

Please provide your address at the bottom of the designation section if you choose to designate your pledge.

"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."

☐ **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 # \_\_\_\_\_ = \$ \_\_\_\_\_  
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 \_\_\_\_\_  
Firm - if employed \_\_\_\_\_

Stub must be received by United Way  
Oct. 31 to be honored

You may separate here to receive your receipt for cash donations.

## 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

IMPORTANT!

Do not detach this section from the pledge card if you designated your pledge.

The Award Criteria is based on Per Capita Giving. The total employee gift is divided by the total number of employees to equal the per capita gift. Example: \$900 - employee gift, 15 employees = \$60.00 per capita gift. \$900 gift is divided by 15 employees to equal \$60.00 per capita gift. If you are eligible for a Diamond, Platinum, Gold, Silver or Bronze Award, please check this box. ☒

Providing the United Way with your Leadership list will ensure that your Leadership Givers are recognized on our website under "*Leadership Givers*". Spouses can combine both of their gifts to qualify as Leadership Givers.

United Way of Wilson County, Inc.  
509 W. Nash Street - P.O. Box 1147  
Wilson, NC 27894-1147  
Phone: 237-3194  
Fax: 237-1868

**LIVE UNITED™**



The following people have qualified for the L. Vincent Lowe, Jr. Leadership Circle, giving a minimum of \$500 (Combined gift from spouses qualify for this membership). If permission is given, the names will be published in the Leadership Brochure or other publications exactly as they are recorded on this sheet.

	<u>Name</u>	<u>Firm, If Employed</u>	<u>Amount</u>	(Circle One) <u>Permission to Publish</u>
				YES or NO
	<i>Miss Ann Smith</i>	<i>XYZ Company</i>	<i>\$500.00</i>	<input checked="" type="radio"/> YES or NO
1.	_____	_____	_____	YES or NO
2.	_____	_____	_____	YES or NO
3.	_____	_____	_____	YES or NO
4.	_____	_____	_____	YES or NO
5.	_____	_____	_____	YES or NO
6.	_____	_____	_____	YES or NO
7.	_____	_____	_____	YES or NO
8.	_____	_____	_____	YES or NO
9.	_____	_____	_____	YES or NO
10.	_____	_____	_____	YES or NO
11.	_____	_____	_____	YES or NO
12.	_____	_____	_____	YES or NO
13.	_____	_____	_____	YES or NO
14.	_____	_____	_____	YES or NO
15.	_____	_____	_____	YES or NO

Date Completed \_\_\_\_\_ Signature of Solicitor \_\_\_\_\_

# Submit your reports with your Report Envelope

United Way of  
Wilson County



ENV. NO. \_\_\_\_\_

BATCH NO. \_\_\_\_\_

## CORPORATE AND EMPLOYEE REPORT ENVELOPE

If you have any questions please call 237-3194 extension 202 or visit 316 Douglas St. Wilson NC

FIRM/ORGANIZATION NAME Acme Company  
ADDRESS 509 Main Street  
Wilson ZIP 27893  
UW DIVISION Pacesetter SECTION \_\_\_\_\_

UW ACCOUNT # 246  
TOTAL EMPLOYED 8  
SOLICITOR Sue Barnes  
DATE 08/21/22

## CONTRIBUTIONS REPORTED TODAY

(Not those previously reported)

		TOTAL PLEGGED	=	CASH/CHECKS ENCLOSED	+	BALANCE TO BE BILLED
TOTAL CORPORATE CONTRIBUTION Not previously reported. Enclose card.		\$ 200.00		\$ - 0 -		\$ 200.00
	# OF CONTRIBUTORS					
CONTRIBUTIONS FULLY PAID Attach each payment securely to the card to which it applies.	# 1	\$ 210.00		\$ 210.00		\$ - 0 -
TO BE BILLED Enclose signed cards.	# 1	\$ 175.00		\$ - 0 -		\$ 175.00
PAYROLL DEDUCTION Employer keeps record of PD.	# 6	\$ 980.00		\$ - 0 -		\$ 980.00
TOTAL EMPLOYEE CONTRIBUTION	# 8	\$ 1,365.00		\$ 210.00		\$ 1,155.00
				=		+
CORPORATE and EMPLOYEE GRAND TOTAL for this report		\$ 1,565.00		\$ 210.00		\$ 1,355.00

### FOR UW OFFICE ONLY

# OF CONTRIBUTORS	# / PAYROLL DEDUCTION
TOTAL AMOUNT	# / BILL DIRECT
# / CASH	# / DRAFT / CR. CARDS
# / CHECKS	DATE / AUDITOR

billing address of payroll location  
Same as Above

partial report ☐

final report ☒