

**FRONT**

The best way to give is through **Payroll Deduction.**

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

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.

**Thank You**

**LIVE UNITED**

**United Way of Wilson County, Inc.**

CONSIDERATION OF COMMUNITY NEEDS, I PLEDGE MY FAIR SHARE.

TOTAL PLEDGE \$ \_\_\_\_\_ PAID NOW \$ \_\_\_\_\_ BALANCE DUE \$ \_\_\_\_\_

Method of payment for my pledge and balance due:  
 **BILL DIRECT**  monthly  quarterly  other \_\_\_\_\_

**PAYROLL DEDUCTION** I hereby authorize \_\_\_\_\_ to check for my payroll deduction.

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

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.

**BACK**

The best way to give is **Community Wide Care**

**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 \$70,500.00. Today, the United Way of Wilson County has grown to over \$10 million in annual contributions.

**United Way**

**Thank You**

**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 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 Campaign 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Firm - if employed \_\_\_\_\_

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

**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  
 (contribution is tax deductible)

"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."

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

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.