

Front of Pledge Card

LEFT HALF

The best way to give is through Payroll Deduction. However, if you wish to be billed for your pledge, fill in your pledge amount information, check the box for **BILL DIRECT**, indicate how you wish to be billed (i.e. monthly) and be sure to **SIGN YOUR CARD**.

SIGN YOUR PLEDGE CARD! Your signature is needed to confirm that you received a pledge card (whether you give or not). It is also required for pledges that are to be billed. A Billing address is also needed for Bill Directs.

UW ACCT NO. _____

DATE _____

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

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

TOTAL PLEDGE	PAID NOW	BALANCE DUE	UW OFFICE USE
\$ _____	\$ _____	\$ _____	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH

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 _____

ZIP _____

LEADERSHIP CIRCLE
(details to the right)

Permission to publish name ☐ yes ☐ no

Leadership Circle: If your gift (or combined w/spouse's gift) qualifies you for the Leadership Circle, check the appropriate box to indicate whether or not you want your name published in the annual Leadership brochure.

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

Salaried
1% of gross

Hourly Givers -
1 hour's pay per month
(6/10 of 1% of gross salary)

LIVE UNITED



Thank You

\$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.

RIGHT HALF

Back of pledge card

LEFT HALF

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.

NOTHING HAS BEEN GIVEN
"FINANCIAL INFORMATION
LICENSE ARE AVAILABLE
AT 919-807-2214. THIS



Thank You

of Wilson County
provide goods or
whole or partial
ation for any
s made by payroll
cash, or checks.

CONTRIBUTION.
DID A COPY OF IT:
LICENSING BRAN
BY THE STATE.

The best way to give is **Community Wide Care**, however, if you wish to designate your gift to a specific field of service, or a specific agency, use the following steps.

If you checked:

Specific Care, Fill in the 4 digit Code (found in the campaign brochure), and the amount (\$25 minimum) or the name of a United Way in another county. Be sure to give your name and address information.

**DO NOT DETACH
THIS STUB FROM**

☐ **Community Wide Care:** *United Way* 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 # _____ = \$ _____
Agency Code # _____ = \$ _____
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)

RIGHT HALF

Worksheets are available from
 asstdir@unitedwayofwilson.org as an Excel spreadsheet.

Work Sheet

Example

**GIVE. ADVOCATE. VOLUNTEER.
 LIVE UNITED.**



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

Corporate Name Acme Company
 Address 509 Main Street
 Solicitor's Name Sue Barnes

Date 08/21/19
 Account 246
 Phone 230-0000

Indicate Method of Payment

Name of Contributor	Fair Share	Leadership	Total Amount Contributed	Payroll Deduction	Bill Direct	Cash or Check
Sue Barnes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	120.00	120.00		

Summary Sheet

Example

United Way of Wilson County
 509 W. Nash Street
 P.O. Box 1147
 Wilson, N.C. 27894-1147
 Phone: 237-3194
 FAX: 237-1868

Awards will be determined from the information on this form.
 This form must be completed to be eligible for an award!

Date: 08/21/19

Corporate Name Acme Company Account Number 246
 Current Number of Employees 8
 Corporate Gift \$ 200.00 + Employee Gift \$ 1,365.00 = Total \$ 1,565.00

Fill in when campaign is complete.

BREAKDOWN ON EMPLOYEE CONTRIBUTIONS

		Total pledged	=	Cash/checks enclosed	+	balance to be billed
Corporate Gift		\$ 200.00		\$ - 0 -		\$ 200.00
	# Of Contributors					
Employee Fully Paid	# 7	\$ 210.00		\$ 210.00		\$ - 0 -
To Be Billed	# 1	\$ 175.00		\$ - 0 -		\$ 175.00
Payroll Deduction	# 6	\$ 980.00		\$ - 0 -		\$ 980.00
Employee Totals	# 8	\$		\$		\$
Corporate & Employee GRAND TOTAL		\$ 1,565.00		\$ 210.00		\$ 1,365.00

Per Capita Gift based on Total Number of Employees \$ 170.63
 Average Gift based on No. of Employees Contributing \$ 170.63
 Percentage of Employees Giving 100%
 Number of Employees Giving Fair Share Gifts 7
 Percentage of Fair Share Givers 88%

CAMPAIGN AWARDS:

Diamond Award = \$200 Per Capita
 Platinum Award = \$100.00 Per Capita
 Gold Award = \$80.00 Per Capita
 Silver Award = \$60.00 Per Capita
 Bronze Award = \$40.00 Per Capita

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 block. ☒

Providing the United Way with your Leadership list will ensure that your Leadership Givers are recognized in our brochure. 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 _____

LIVE UNITED



IE L. VINCENT LOWE, JR.

Leadership

CIRCLE



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 or visit 509 West Nash Street

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 08/21/19

CONTRIBUTIONS REPORTED TODAY

(Not those previously reported)

		TOTAL PLEGGED	=	CASH/CHECKS ENCLOSED	+	BALANCE TO BE BILLED
TOTAL CORPORATE CONTRIBUTION <small>Not previously reported. Enclose card.</small>		\$ 200.00		\$ - 0 -		\$ 200.00
	# OF CONTRIBUTORS					
CONTRIBUTIONS FULLY PAID <small>Attach each payment securely to the card to which it applies.</small>	# 1	\$ 210.00		\$ 210.00		\$ - 0 -
TO BE BILLED <small>Enclose signed cards.</small>	# 1	\$ 175.00		\$ - 0 -		\$ 175.00
PAYROLL DEDUCTION <small>Employer keeps record of PD.</small>	# 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 <u>Same as Above</u>	
	partial report <input type="checkbox"/>
	final report <input checked="" type="checkbox"/>