Consider Joining The
L. Vincent Lowe, Jr.
Circle

Pillars
Pledge Card

United Way of Wilson County, Inc.

TOTAL PLEDGE PAID NOW BALANCE DUE

UW ACCT NO.

DATE

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

$_________________ $_________________ $_________________

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 $_________________

LEADERSHIP CIRCLE (details to the right)

Permission to publish name

yes ☐ no ☐

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)

Fair Share Guide

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
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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United Way of ___________________________ = $__________

List county & state

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

Your name
Address
City______Zip______
Firm - if employed

Please Check One:
☐ Paid in full
☐ Payroll deduction
☐ 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)