

**CAMPAIGN PLEDGE CARD** — Please fill out completely. Home address must be included to receive *Caring Club*® card.

**United Way  
of Williams County**



www.unitedwaywc.org

Name \_\_\_\_\_ Signature \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

Employer \_\_\_\_\_ **TOTAL GIFT** \_\_\_\_\_

**Thomas M. Herman Leadership Giving Circle**

Even with a successful campaign and excellent corporate support, individual financial generosity makes a real difference to those in need. Corporate leaders and community champions give more than their share each year, will you? We will include you in the recognition program, if you so choose.

**PLATINUM** \$5,000+ Annually  
**DIAMOND** \$2,500 – \$4,999 Annually  
**GOLD** \$1,000 – \$2,499 Annually  
**SILVER** \$500 - \$999 Annually

Please check one for Leadership Recognition:

- I wish to remain anonymous.  
 You may include my name among the leadership givers.

\_\_\_\_\_ *Please list name(s) as you would like it to appear in the program.*

**Optional Designations**

- I wish to designate \$\_\_\_\_\_ to the following agency:

\_\_\_\_\_ *(must name a UWWC agency)*

- I wish to designate \$\_\_\_\_\_ to the United Way  
of \_\_\_\_\_ County.

**Payroll Deduction**

I authorize my employer to deduct from my pay:

Gift per pay period \$ \_\_\_\_\_

No. of pay periods per year \_\_\_\_\_

**Check** Number \_\_\_\_\_

Please enclose check made payable to  
*United Way of Williams County.*

**Direct Bill**

Please bill me at the above address (*check one*):

- Quarterly Installments (*minimum \$125 quarterly*)  
 Biannual Installments (*minimum \$250 biannually*)  
 Annual Gift one time bill (*minimum \$500 annually*)

Date to be billed: \_\_\_\_\_

Mo. Yr.

**Electronic Funds Transfer**

You may make a gift by authorizing a monthly transfer directly from your account. (*Please also include a VOIDED check.*)

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_