United Way of Wayne County P.O. Box 10893 2803 Cashwell Drive Goldsboro, NC 27532 919-735-3591 unitedwayne.org

## LIVE UNITED

## **United Way Pledge Form**



**United Way of Wayne County** 

RST NAME:	MIDDLE:	LAST:	SUFFIX:
ME ADDRESS:		EMPLOYER:	
TY/STATE/ZIP:		WORK PHONE:	
DME/CELL PHONE:	E	MAIL:	
My United Way Investment (please of	complete sections	A, B, C, and D)	
GIVING LEVEL (choose one)	C	INVESTMENT OPTIONS (ch	oose one)
• FAIR SHARE INVESTMENT  Eligible for Fair Share Challenge  Hourly employees: pledge 1 hours pay or more per  Salary employees: pledge 0.6% of annual salary	r month	PAYROLL DEDUCTION     Automatically deduct payments fr     months beginning in 2024 (This c     monthly, etc. depending on your e	om each paycheck over 12 an be weekly, bi-weekly,
LEADERSHIP INVESTMENT     Minimum investment of \$500		<ul> <li>PAY NOW BY ATTACH</li> <li>Please make all checks payable to</li> </ul>	IING CASH OR CHECK
OTHER INVESTMENT  NOT eligible for Fair Share Challenge  If you selected this option, please include the amount per pay period you would like to pledge in the space below. If investing a one time payment		PAY WITH CARD  By visiting unitedwayne.org/payyourcampaign or scan the QR code with your phone camera for a direct link.	
please write N/A. \$ per pay period (only fill this if selected "other investmen	out nt")	O PAY LATER BY DIREC  Your home address is required.  If direct bill, choose a Oquart billing preference:  On-til	
1	7	O STOCK PAYMENT DA	
TOTAL ANNUAL INVESTMENT  In this section please include the total dollar amount that you will be investing over a 12 month period.		DIRECT MY INVESTMENT Directing your payment requires a minimum inv  Community Campaign (impact A	restment of \$60.
\$		<ul><li>○ Education ○ Health &amp; Wellness ○</li><li>○ United Way of Wayne County funded p</li></ul>	Basic Needs
If you need help calculating your total annual investment, please see your payroll department		O Direct my investment to another United  If investing in another United Way communit  please include the state that community resi	fill in program name

My Signature: \_\_

Date: \_