



150 John Robert Thomas Drive
Exton, PA 19341
610.429.9400 | ChescoUnitedWay.org

CONTACT INFORMATION

Personal information, including email address, is never shared with third parties.

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME	SUFFIX
COMPANY NAME				
HOME ADDRESS	CITY	STATE	ZIP	
HOME EMAIL		WORK EMAIL		
PERSONAL PHONE	CELL	HOME	WORK PHONE	

CHOOSE WHERE TO DIRECT YOUR GIFT

All or part of your gift may be directed to the Community Impact & Innovation Fund or a specific target area by completing A, B and/or C.

A Give directly to Chester County United Way's COMMUNITY IMPACT & INNOVATION FUND \$ _____

B Give to a specific area of focus within the COMMUNITY IMPACT & INNOVATION FUND:


HEALTHY COMMUNITY
Improving health and well-being for all
\$ _____


YOUTH OPPORTUNITY
Helping young people realize their full potential
\$ _____


FINANCIAL SECURITY
Building financial stability and strength
\$ _____

C Give to another nonprofit United Way encourages unrestricted contributions, but will honor gifts to an eligible IRS 501(c)(3) agency or another United Way. Be sure to include a complete address and phone number for the designated agency. If a designation cannot be processed for any reason the contribution will be directed to United Way. Additional designations may be attached.

AGENCY NAME _____ AMOUNT \$ _____
AGENCY ADDRESS _____ PHONE _____

CHOOSE YOUR PAYMENT METHOD

(Total gift = pledge amount x frequency and should reflect the total of A+B+C)

Payroll Deduction

Per Pay Pledge Amount

\$100 \$50 \$25 \$20 \$15 \$10 \$7 \$5 \$3 Other \$ _____

Frequency (# of annual pay periods)

Weekly (52) Every 2 weeks (26) Twice a month (24) Monthly (12) Other _____

One-Time Gift

\$1000 \$750 \$500 \$250 \$200 \$150 \$100 \$75 \$50 Other \$ _____

CASH CHECK (Payable to Chester County United Way)

BILL ME (\$50 minimum to be billed)

CREDIT CARD VISA MC AMEX DISC Card # _____ EXP. _____ CVN# _____

One Time Payment Reoccurring Monthly

Please sign here to authorize your pledge.

X

SIGNATURE (Required)

DATE

**TOTAL
GIFT AMOUNT**

\$ _____

Your gift of \$1,000 or more qualifies for the Leadership Giving Society.

Please list my/our name(s) as follows:

I/we prefer to remain anonymous.