REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED

United Way of Galveston Pledge Form

United Way of Galveston
PO Box 2250
Galveston, Texas 77553
409.762.4357
unitedwaygalveston.org

MR/MRS/MS/DR | FIRST NAME | MI | LAST NAME

PREFERRED MAILING ADDRESS | CITY

STATE | ZIP | HOME PHONE | DAYTIME PHONE

COMPANY NAME

Want to see how your contribution is making a difference?

❍ Please use this email address to confirm my pledge, acknowledgement and designation wishes.
❍ Please use this email to show me how my contribution is making a difference in the Galveston community.

HOME EMAIL ADDRESS

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

❍ *I prefer that my gift remain anonymous.*

❑ EASY PAYROLL DEDUCTION

My total annual gift

AMOUNT $

A. *I want to contribute the following amount each pay period:*
❍ $50 ❍ $25 ❍ $10 ❍ $5
Other $

B. *I pledge* % *of my salary.*

❑ DIRECT GIFT

AMOUNT $

Direct gift to be paid by:

❍ Cash
❍ Personal check (enclosed)
❍ Securities (please call 409-762-4357)
❍ Credit Card (please go to www.unitedwaygalveston.org)

❑ MY GIFT OF $1,000 OR MORE

qualifies me as a Leadership Giver. If published, my name will be listed as it appears above.

AMOUNT $

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

.....
.....

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

option A

❑ EDUCATION Helping children, youth and adults achieve their potential through education

- Improving access to quality, affordable **child care** and early learning opportunities
- Partnering with schools and parents to improve **graduation rates**
- Providing after-school and mentoring programs for **at-risk youth**

AMOUNT $

❑ INCOME Helping individuals and families become financially stable and independent

- Supporting **basic needs** while increasing financial education
- Helping hardworking people obtain job training and **family-sustaining wages**
- Increasing affordable **housing** for **seniors** and families

AMOUNT $

❑ HEALTH Improving people's health

- Increasing access to **critical healthcare services**
- Reducing substance abuse, **child abuse** and domestic **violence**
- Increasing health education and **preventive care**

AMOUNT $

option B

❑ ALL OF THESE. United Way of Galveston.

The most powerful way to invest your contribution.

AMOUNT $

option C

❑ Specific Agency Designation

AMOUNT $

AGENCY NAME AND ADDRESS

Signature

Please check the accuracy of all your entries.
Thanks for investing in United Way!

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.