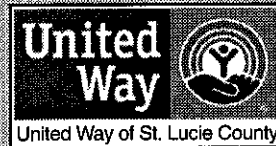


# LIVE UNITED

Education, Income & Health



4800 S. US Highway 1  
Fort Pierce, FL 34982  
Phone (772) 464-5300  
www.unitedwayslc.org

Please check one: \_\_\_ 26 pay periods or \_\_\_ 52 pay periods  
\_\_\_ \$3.00 \_\_\_ \$5.00 \_\_\_ \$10.00 Other \$ \_\_\_\_\_ per pay period

One-time cash contribution of cash/check \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

We have not provided you with any goods or services in exchange for this pledge. No professional solicitors were hired to raise these funds. Tax receipts will be mailed the January following payments. For payroll deduction gifts your year-end pay stub & a copy of your pledge card are required for tax purposes.

**Leadership Society \$500.00 and up**

**Example:**

52 pay periods \$10 per pay period = \$520.00

26 pay periods \$20 per pay period = \$520.00

**THANK YOU! Your contribution is an investment in your community.**

Mr.  Mrs.  Ms.  Other \_\_\_\_\_ Employer: \_\_\_\_\_ City I Work In: \_\_\_\_\_

I would like to be recognized in publications as (see below):  I wish to remain ANONYMOUS. (I do not want my name printed/published).

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

There are ways to remember United Way in your estate planning/will that cost you nothing during your lifetime.

\_\_\_ Yes, please send me information regarding a legacy gift.

This portion is optional: Designation: \_\_\_\_\_

Designations must be to a 501c3 health & human services agency and must be at least \$50.00 minimum donation.

**White: United Way Yellow: Employer Pink: Donor**