



EMPLOYEE PLEDGE CARD

THANK YOU!

Souris Valley United Way
www.svunitedway.com

Name: _____
 Employer: _____
 Home Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Home Email: _____
 Signature: _____ Date: _____

I AM A LEADER

My annual gift of \$250 or more (individual or combined spousal giving) qualifies for the DoMore Leadership Program.

Spouse's Name: _____

Spouse's Employer: _____

Please list us in recognition materials as: _____

___ *We wish to remain anonymous. Do not publish my/our name in materials.*

PAYROLL DEDUCTION

I authorize my employer to deduct the following amount:

Fair Share \$ ___ 1 hour of pay/month

\$5 \$7 \$10 \$15 \$20 \$25 Other \$ ___

My pay period is: ___ Weekly (52) ___ Bi-Weekly (26)
___ Semi-Monthly (24) ___ Monthly (12)

Total Gift \$ _____

CASH/CHECK

Please enclose cash or check made payable to Souris Valley United Way.

Total Gift \$ _____

BILL ME

___ One Time ___ Monthly ___ Quarterly

Total Gift \$ _____

MAXIMIZE MY GIFT

___ I want to maximize my gift through the General Fund. I understand that trained volunteers evaluate agencies, ensuring my gift goes to meeting our community needs.

___ I wish to designate my gift to go to the agency of my choice. *Note: must be a United Way partner agency. Other designated agencies will revert to the General Fund.*

Agency: _____ Amount: _____

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