



# 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 Do not publish my/our name in materials.*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: \_\_\_\_\_

Agency: \_\_\_\_\_ Amount: \_\_\_\_\_