



STEP 1: TELL US WHO YOU ARE

(YOUR CONTACT INFORMATION WILL NOT BE SHARED OUTSIDE UNITED WA	4Y.))
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				(/) (MM/YYYY)
prefix	FIRST NAME	MI	LAST NAME		DATE OF BIRT	H
Name as	I/we prefer to be recog	nized			I would like	to remain anonymous
EMAIL AD	DDRESS:					
HOME AD	DRESS (For credit card	l charges, ad	ddress listed must be yo	our billing address.)	CITY/S	TATE/ZIP
CELL PH	ONE			EMPLOYI	ER	

STEP 2: TELL US HOW MUCH YOU WANT TO DONATE Choose one or all the options below and tell us how much should go to each.

	UNITED	FUND

I/We will donate

\$ _____

to the annual work of United Way of Asheville and Buncombe County

(To be paid before Dec. 31, 2023).

☐ Designated Gift (optional)

We will direct your gift to any 501(c)3. Designated gifts are not reviewed and do not support United Way's work.

\$ _____ to:

501(C)3 OR ANOTHER UNITED WAY

☐ Yes, I want to receive monthly updates via UWABC's Newsletter

STEP 3: MY PAYMENT OPTIONS

☐ EASY PAYROLL DEDUCTION

Deduct the amount listed above (step 2):

- One time, OR
- O Divide the TOTAL amount above equally per pay period



☐ ONE-TIME GIFT

This Makes My/Our Total Gift: \$ _

(enclosed)

- Check made to United Way
- O Cash



☐ BILL ME

Home address required

- One time, OR
- O Monthly, OR
- Quarterly

Starting on: (/ / (MM/DD/YYYY)



☐ CREDIT CARD

For your security:

- 1. Complete & submit this form
- We will call you at the number listed above to arrange payment. Please let us know the best time to call:



SIGNATURE:

(Required to process your pledge).

DATE:

6/9/2023 7:51:01 AM



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No goods or services were provided in exchange for this contribution.