UNITED WAY MULTI-YEAR PLEDGE



FULL NAME		TOTAL GIFT: \$			
PREFERRED RECOGNITION NAME		Please Remind Me: O Or	Please Remind Me: O One time O Monthly O Quarterly O Semi-Annually OAnnually I would like my first reminder on:/ Pledge reminders emailed by the 15 th of the month Email address required		
EMAIL ADDRESS	O work O perso				
HOME ADDRESS		Year 1	Year 2	Year 3	
CITY, STATE AND ZIP		20 \$	20 \$	\$	
PHONE NUMBERS home	mobile	CREDIT/DEBIT CARD Make you	r secure credit card donation at ur	nitedwaygreaterclt.org/give/#fulfillmypledge	
COMPANY			dwaygreaterclt.org/donate-stock to nds to United Way of Greater Charlo	o transfer securities, stock certificates or otte.	
SIGNATURE	DATE	— ENCLOSED CHECK (payable to L			

Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution. • Mail to P.O Box 890685, Charlotte NC 28289

Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch (888) 830-4989. The license is not an endorsement from the state.