



United Way of White County

P.O. BOX 907
106 NORTH SPRING
SEARCY, AR 72145-0907
(501) 268-7489

**LEADERSHIP INVESTMENT PROGRAM
(\$500 Or More Per Year)**

Please check this box if total annual gift is \$500 or greater AND we have your authorization to print your name in our Leadership booklet.

Please enroll me as a member of:

- Diamond Kinship (\$10,000+)
- The Sterling Alliance (\$5,000+)
- Platinum Club (\$2,500+)
- Pillar Club (\$1,500+)
- Visionaries (\$1,000 for 10 years)
- Gold Club (\$1,000+)
- Champions (\$500+)
- Please consider my donation as an anonymous contribution.

Signature or
Authorization _____

Date _____

DONOR NAME _____ EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PAYROLL DEDUCTION

- MY FAIR SHARE** (Equal to one hour of pay per month)
- \$ _____ **PER PAY PERIOD.** I am paid _____ times per year.
- \$ _____ **ONE TIME PAYROLL DEDUCTION**

OR

ONE TIME INVESTMENT

- CHECK** Check # _____ Check Date _____ Check Amt _____
Make checks payable to: **United Way of White County**
- CASH** Included with Pledge Card
- CREDIT CARD** Billing address and name on the credit card should match the name and address listed above.
Charges may not be immediate as it may take some time to process this form through United Way.
(Minimum contribution of \$10.00) Visa MasterCard Discover American Express
Card Number _____ Exp. Date ____/____ VCode _____
(3 or 4 digit security code)
- BILL ME** (Minimum contribution of \$100.00)

Address to Bill: (If Different from Above) _____



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Thank You

*Your gift will help our
15 partner agencies provide
needed services.*

NAME _____

AMOUNT _____

CASH PLEDGE _____

CHECK # _____

**Donation is fully tax-deductible.
Keep donor copy for tax purposes.**