

Thank you for investing in
what matters.TM



**United Way
of St. Lucie County, Inc.**

4800 South U.S. 1
Fort Pierce, FL 34982
(772) 464-5300
www.unitedwayslc.org

United Way of St. Lucie County Pledge/Donation Form

Please print clearly:

Mr. Mrs. Ms. Dr. _____
First Name MI Last Name

Employer's Name / School / Dept. _____

Home Address (_____) _____ City _____ State _____ ZIP _____

Phone number _____ E-mail _____

Employee Signature _____ Date _____

PAYROLL DEDUCTION: I will contribute the following amount:

I'd like to donate *one hour's pay each month* (amount per month)\$ _____

My payroll deduction pledge *per pay period* is:
 \$2.00 \$5.00 \$10.00 \$15.00 \$20.00 Other \$ _____

Number of pay periods per month _____ My Total Gift is: \$ _____

DIRECT GIFT: *(Make checks payable to United Way of St. Lucie County)*

Cash Amount \$ _____ Personal Check # _____ Amount \$ _____

Credit card (provide information below) Visa MasterCard Discover

Account number: _____

Expiration date: _____ Signature: _____

LEADERSHIP GIFT OF \$500 OR MORE qualifies me for membership in the United Way of St. Lucie County's Leadership Giving Society. My name will be listed as it appears above.

AMOUNT \$ _____

I prefer that my gift remain anonymous.

PLANNED GIVING GIFT:

Please remember United Way of St. Lucie County in your Will, and when you do, let us know. For additional information on planned giving / estate planning options, visit our web site at www.unitedwayslc.org

DESIGNATE MY PLEDGE:

I want to contribute to a 501(c)(3) nonprofit agency or another United Way of my choosing. (Must be \$10 or more)

United Way of Martin County United Way of Indian River County United Way of _____

Other nonprofit organization (must provide address/phone) : _____

TOP COPY: PAYROLL DEPT. ~ MIDDLE: DONOR ~ BOTTOM: UNITED WAY