# LIVE UNITED

**United Way of Nevada County Pledge Form** *(please print)*

First Name _____ MI _____ Last Name _____

Home Address (For credit card charges, address listed must be your billing address) _____

State _____ Zip _____ Home phone _____ Daytime phone _____

Company Name _____ Email _____

***Please select payroll deduction or a direct gift:***

☐ EASY PAYROLL DEDUCTION
I want to contribute the following amount each pay period:
☐ $50 ☐ $25 ☐ $10
☐ $5 ☐ Other $_____
My Annual Total gift: $

☐ In Memorial for:
_____
*Leadership gifts of $500 or more will be acknowledged.*
Please list my/our name(s) as follows:
_____
☐ I prefer that my gift remain anonymous

☐ DIRECT GIFT
Amount: $_____
To be paid by:
☐ Cash or Check
☐ Credit Card
☐ Master Card ☐ Visa
☐ American Express
Card #_____
Expires:

Signature:_____

***Please choose how you want to invest in your community***

☐ Option A. United Way of Nevada County Community Fund
☐ Option B. Please designate my donation to the following 501(c)(3) agency:
(Designations must be updated on an annual basis)

Agency Name:_____
Please list address if not a partner agency listed on the United Way brochure:
_____
_____

If information is incomplete, no designation will be distributed

**Please print out two copies:**
One copy: Company 2nd Copy: United Way of Nevada County

United Way of Nevada County
P.O. Box 2733, Grass Valley, CA 95945
Fed Tax ID: 68-0007201
(530) 274-8111
www.uwnc.org