

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

Signature: _____

DIRECT GIFT

Amount: \$ _____

To be paid by:

Cash or Check

Credit Card

Master Card Visa

American Express

Card # _____

Expires: _____

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