

COPIES WILL NOT APPEAR ON FINISHED PIECE.

PRINT Name _____
First Last

Mailing Address _____
Street/P.O. Box

City State Zip

Email: _____

Company _____

PLEDGE

Payroll Deduction
I hereby authorize my employer to deduct my pledge as follows:

FAIR SHARE GIVER: \$ _____ (1 hour pay per month)

OTHER: \$ _____ per pay period

So, my total gift is: \$ _____

Payroll Deduction Authorization Date _____

Authorization Signature _____
(Required for Payroll Deduction)

Direct Contribution
I am enclosing my gift of \$ _____

Cash (Attach cash)

Check Please make checks payable to United Way

White Copy - Employer Yellow Copy - United Way Pink Copy - Employee



United Way of the Greater Fort Hood Area
208 W. Ave. A
Killeen, TX 76541
Phone: 254-634-0660
uwgfha@centexbiz.rr.com
www.unitedway-gfha.org

DONOR DESIGNATION

Community Care (Will be Allocated by Experienced Volunteers)

Community Health

Financial Independence

Community Education

Basic Needs

Specific United Way Agency _____

Other Non Profit Agency
(Please write a name and address)

Agency Name _____

Address _____

City, State, Zip _____

United Way organizations do not provide goods or services in or partial consideration for any contributions made to the organizations via this pledge card.

“Serving Copperas Cove, Fort Hood, Killeen, Harker Heights, Nolanville and Lampasas”