

United Way understands that you really want to

Make a difference Right here in Salem County

We want to help you do that.



**United Way
Of Salem County**
203 E. Broadway, Salem NJ 08079
856-935-2538

United Way Pledge Form

MR/MRS/MS/DR _____ FIRST NAME _____ MI _____ LAST NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ PHONE _____

- I'd like to hear from United Way about how my contribution is getting results
- The information I've provided on this form has changed since last year

Want to see your contribution is making a difference? Please provide us with your email address. We'll send you our monthly e-postcard, which tells about services and volunteer opportunities.

E-mail address: _____

Please select the way you would like to make your donation.

- DIRECT GIFT**
AMOUNT \$ _____
To be paid by
 Personal check (enclosed)
 Securities (call 856-935-2538 for transfer Instructions)
- CREDIT CARD**
AMOUNT \$ _____
 Master Card Visa
 American Express Discover
Card # _____
Expiration date _____
- MY GIFT OF \$1,000 OR MORE**
Qualifies me for membership in the Johnson Society Leadership Giving Society. My name will be listed as it appears above
AMOUNT \$ _____
 Please list my/our name(s) as follows _____
 I prefer that my gift remain anonymous
- DIRECT BILL at above address**

Please choose how you want to invest in your community

.....Option A

- HELPING FAMILIES & CHILDREN SUCCEED:**
AMOUNT \$ _____
- INCREASING THE HEALTH & SAFETY OF ALL CITIZENS**
AMOUNT \$ _____
- SUPPORTING VULNERABLE & AGING POPULATONS**
AMOUNT \$ _____

.....Option B

ALL OF THESE. I want to make the most powerful contribution possible. Please invest my contribution in the UNITED WAY COMMUNITY FUND to make my community a stronger and safer place to live.

AMOUNT \$ _____

.....Option C

Specific Agency AGENCY NAME AND ADDRESS
AMOUNT \$ _____

Signature _____

Please check accuracy of all your entries
Thanks for investing in United Way

FOR OFFICE USE

Date received _____ Date posted: _____