

2020/2021 United Way of the Kearney Area Pledge Form

4009 6th Ave., Ste. 19

Kearney, NE 68845

(308) 237-6840



Pledge Online at www.uwka.org

1 MY INFORMATION

First Name: _____ Last Name: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Work Phone: _____

2 MY GIVING

1: Easy Payroll Deduction

Employer: _____ Employer ID: _____

I pledge the following amount for _____ pay periods.

\$20 \$10 \$5 \$2 Other: \$ _____

My total annual gift: \$ _____

2: Other Payment Options

Check Cash Credit Card Direct Bill/Auto Withdrawal

Card Number: _____ Exp. Date: _____ CVC: _____

Please bill me in the amount of \$ _____ Bill beginning (MM/YY): _____

Monthly Quarterly Semi-annually One-time

My total annual gift: \$ _____

3 MY DESIGNATION

Your pledge will automatically be invested in community programs as directed by trained volunteers unless you select to designate. (Due to processing designations must be a minimum of \$20).

Please direct my donation to the following program (listed inside):

Agency: _____ \$ _____

Contingent upon the organization meeting the eligibility requirements for 501 (C)(3) status.

An 8% processing fee will be assessed from designations to non-United Way agencies.

4 MY RECOGNITION

My gift of \$500 or more qualifies me as a LEADERSHIP GIVER.

- Gold \$3,000-\$4,999 Bronze \$1,000-\$1,999
 Silver \$2,000-\$2,999 Torch Bearer \$500-\$999
 I prefer my name remain anonymous

Please list my name as: _____

5 MY SIGNATURE

Date: _____