

PLEDGE FORM



**United Way
of Calhoun County**

311 N. Virginia
PO Box 571
Port Lavaca, TX 77979
361.552.3630
uwcc@tisd.net
UnitedWayByTheBay.org

First Name

Last Name

Employer

Mailing Address

City

State

Zip

Phone

Email

DESIGNATED GIVING

Please select your preferred designated giving method

Community Campaign General Fund
Distributed among all United Way of Calhoun County Partner Agencies

Partner Agency Designation
Entire pledge (\$25 minimum) designated to a selected Partner Agency

Agency Name

**NO GIFT IS TOO BIG OR TOO
SMALL. EVERY DOLLAR COUNTS
AND IS DIRECTLY INVESTED
BACK INTO CALHOUN COUNTY.**

WAYS TO GIVE

Please select your preferred pledge giving method

Recurring Payroll Deduction
Donate \$ ____ per pay period for ____ pay periods

One-Time Payroll Deduction
Donate \$ ____ One-Time from my payroll

One-Time Gift
Donate \$ ____ as a One-Time gift
 Check # ____ enclosed*
 Cash enclosed

*Please attach check payable to United Way of Calhoun County

TOTAL PLEDGE AMOUNT: \$ _____

Signature to authorize pledge

Date