ay Pledge Form

ATE. ADVOCATE

United Way	Greater Gallatin United Wa				
	LEAD . CONVENE . EDUCA				
Greater Gallatin United Way					

	STEP 1 MY INFORM	ATION					
	Birth Date (month/day):/_			☐ Ch	eck the box if you DO NOT wa	nt to receive our mon	ithly enewsletter.
	Name	Mid	dle Initial		Last		
	Address Billing		City		State		Zip
	□ Home □ Cell Phone □ Work		Email Work				
	Employer						
	Please check all that apply Please acknowledge my donation as (if different than name above)		I would lik	iny will match my donation. The my donation to be anony the retired. (please provide y		nd email above)
	STEP 2 MY GIFT TO	OUR COMMUN	ITY				
	MY TOTAL ANNUAL PLI	EDGE: \$					
	☐ Easy Payroll Deduction* \$ per pay period	Cash/Check (please enclose Check #Check da			□ Bill me (\$25 min) \$		a a constitu
	x # pay periods = \$ total	☐ Credit/Debit Card (Pay online at greatergallati	nunitedway.c	rg/donate	○ Monthly ○ Qu) □ Stock (Call 406-5		nually
k	OPTIONAL CHOOSE	HOW TO INVEST	IN YO	UR C	OMMUNITY		
	☐ Use Where Needed Most: I want t☐ Priority Funds: My gift should supp	•	in: O Youth	Success	O Early Learming O	•	
	STEP 3 SIGNATURI	E (REQUIRED FOR P	ROCESS	ing)			
	Signature Greater Gallatin United Way is a qualified 50 provided for this gift Please consult your ta					No goods or service	
	SKIP FILLING OUT	THE FORM AND	SCAN	THE	QR CODE INS	TEAD	
	EVERY	ATE TODA GIFT COUNTS	•		UN PU	ITED RPOS	in E
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