

First Name

Billing Address

Email

Last Name

City

State

Zip

Company/School

Signature *(Please print firmly and clearly when filling in the form.)*

Date

Payment Options

Pay Roll Giving - I want to give the following amount each pay period.

\$3 \$5 \$10 \$20 \$50 Other (_____)

I get paid Weekly (52) Bi-Weekly (26) Semi-Monthly(24) Monthly (12)

My Total Gift = \$ _____

I pledge \$ _____ one - time payroll deduction

I am enclosing my total gift of \$ _____ (cash or check) *please circle one*

I would like my credit card to be charged (VISA or MASTERCARD) *please circle one*

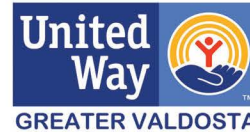
Monthly (12) \$ _____ charge my card \$ _____ one - time gift

Card Number _____

CVN _____ (3 digit number on back of card) Expiration Date ____/____/____

Name as it appears on card _____

Please check box if you wish to receive an acknowledgement from your designated agency/agencies for your contribution.



Serving South Georgia

1609 N Patterson St.
Valdosta, GA 31602

www.unitedwayvaldosta.org
(229)242-2208



GIVE

ADVOCATE

VOLUNTEER

I would like to designate my gift to the following agency/agencies:

Thank You for Your Gift!

This contribution was made to the Greater Valdosta United Way for which no goods or services were provided, in whole or part.

Top copy to Payroll

Middle copy to United Way

Bottom copy to Donor