

# "Neighbors Helping Neighbors"

Please print your name and address

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City/St/Zip \_\_\_\_\_  
 Employer \_\_\_\_\_

## I PLEDGE:

Signature \_\_\_\_\_

### By Payroll deduction:

- One hour's pay (\$ \_\_\_\_\_ ) per month (Fairshare)  
 Two hours' pay (\$ \_\_\_\_\_ ) per month (Caringshare)  
 \$1.00 per week (Dollar-A-Week Club)  
 Donation of \$ \_\_\_\_\_ per pay period = \$ \_\_\_\_\_  
Total for Year  
 (I am paid  Weekly  Bi-Weekly  Monthly  Semi-monthly)

### By Direct Gift of \$ \_\_\_\_\_ to be paid by:

- Credit Card  Debit Card

Bill my card beginning \_\_\_\_\_

\$ \_\_\_\_\_  Monthly    \$ \_\_\_\_\_  Quarterly    \$ \_\_\_\_\_  One Time

- VISA  MasterCard

Acct. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please Sign \_\_\_\_\_ Date \_\_\_\_\_

- My check/cash (attached) \$ \_\_\_\_\_

Check Number \_\_\_\_\_ Check Date \_\_\_\_\_

Email: \_\_\_\_\_

Please help us save on postage and printing costs by providing your email address if you have one. Your thank you letter will be emailed to you.

## DIRECT MY GIFT TO:

- Community Care** – I want my contribution to help those who need it most. Distribute my gift among **ALL** the Beaufort County Agencies.  
 **Specific Request** – Must be a United Way Agency or a 501(c)(3) non-profit.  
 \_\_\_\_\_  
 I want my contribution directed to my Home County United Way.  
 County Name: \_\_\_\_\_

**Ashley B. Futrell Society**, an annual gift of \$300.00 or more qualifies you for recognition as a leadership giver. (Spouses may combine their gifts.)

Please check one:

- |   |                              |
|---|------------------------------|
| <input type="checkbox"/> \$10,000 +         | Alexis deTocqueville Society |
| <input type="checkbox"/> \$ 5,000 - \$9,999 | Pulitzer                     |
| <input type="checkbox"/> \$ 2,500 - \$4,999 | Senator                      |
| <input type="checkbox"/> \$ 1,000 - \$2,499 | Chairman                     |
| <input type="checkbox"/> \$ 500 - \$ 999    | President                    |
| <input type="checkbox"/> \$ 300 - \$ 499    | Publisher                    |

- I would like to be recognized as an Ashley B. Futrell Donor.

I/We would like to be listed in the Ashley B. Futrell Society Membership Roster as:

My spouse works at: \_\_\_\_\_

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Beaufort County  
**UNITED WAY**

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