

# Annual Campaign Pledge Form

United Way  
of Clarion County



## 1. YOUR INFORMATION

Mr./Mrs./Ms./Dr. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate (mo/yr): \_\_\_\_\_  
(CIRCLE ONE)  
Home Address : \_\_\_\_\_  
City State Zip : \_\_\_\_\_  
Preferred Email Address: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

## 2. YOUR CONTRIBUTION

My total annual gift \$ \_\_\_\_\_

- Cash or Check - Attached and payable to United Way of Clarion County
- Personal Billing - Please send a personal billing statement to my home address

## 3. YOUR INVESTMENT

A \$5 minimum donation per designation is required. Undesignated donations or donations that do not meet the minimum requirements will be directed to the Community Impact Fund.

### United Way Initiatives

- Community Impact Fund
- Community Cancer Fund
- Fitzgerald Ramp Fund
- Neighbor Aid Fund

### Member Agencies

- The Arc of Clarion County
- Big Brothers Big Sisters
- Clarion Area Agency on Aging
- Clarion Forest VNA
- Passages
- SAFE
- Scenic Rivers YMCA
- Special Olympics

**Donor Choice Designation** donors may choose any local 501(c)3, non-profit or first responder organization

\_\_\_\_\_

## 4. RECOGNITION

I am a loyal donor who has contributed for \_\_\_\_\_ years.

I prefer to remain anonymous.

I am/We are Leadership Donor(s)!

\*Combined household annual donation

- Tocqueville \$10,000+
- Gold \$5,000+
- Silver \$2,500+
- Bronze \$1,000+

Please combine my gift with my spouse/partner's workplace giving.  
Name: \_\_\_\_\_  
Employer: \_\_\_\_\_

Please list my/our name(s) as below in all recognition materials.

\_\_\_\_\_

- I have included United Way in my will/estate plans.
- I would like additional information about planned giving options such as memorials, beneficiaries, gifts, trusts or bequests.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_