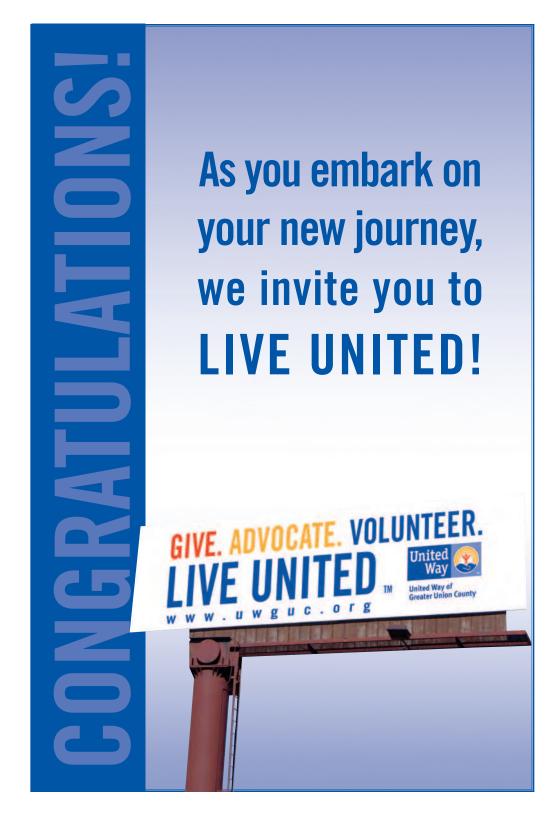
Thank You for LIVING UNITED

"Be the change you wish to see in the world." ~Mahatma Gandhi





A NEW JOB. A NEW OPPORTUNITY. MAKE AN IMPACT.

Congratulations on your new job!

We hope the challenges, responsibilities and relationships you are about to experience and develop will be professionally and personally invaluable to you.

Not only does your new organization care about its work family, it cares about our local community. That's why over the years your co-workers have improved the lives of thousands of people in Greater Union County through hard work and generous giving to United Way.

Now that you are becoming a member of this organization, we invite you to invest in your community and show your support. Please complete the pledge form and return it to your Human Resources Department.



New Employee Pledge Form

~Please Print Neatly~ Please return this form to your Human Resources Department

First Name		Last Name		
Address				
•			Zip	
Employer		Phon	(work/home/cell)	
			(work/home/cell)	
Signature			Date	
Payroll Deduction		Total: \$	Total: \$	
Gift amount: (per p \$20 \$15 \$10 \$5 \$5	pay period)	l am paid: ○ 12 (every ○ 24 (twice) ○ 26 (every ○ 52 (every ○ 0ther	y month) e a month) y two weeks) y week)	
Billed Gift (\$50 mi	inimum)	Total: \$		
O Annually O Semi-annually	QuarterlyMonthly	Start Date: (will begin Jai	nuary 1st unless indicated)	
Cash / Check Total: \$				
○ Cash	O Check (payable to l	yable to United Way of Greater Union County)		
	check #	check date _		
	(your check may be pro	cessed as an electronic debit fr	rom your account)	
Credit Card (deductions will begin Ja	nuary 1st unless indicated)	Total: \$		
Gift amount:	To be ded			
○ \$20 ○ \$15	○ 1st of every month○ 15th of every month			
O \$10	O 1st and 15th of every month			
) \$5	O one time			
O\$	_			
Credit Card Informa	ation:			
○ Visa ○ M	lastercard O An	nerican Express		
Card #		Ex	piration Date	
Cardholder				