



PLEDGE CARD

403 Park Plaza Drive, Owensboro, KY 42301 / 270-684-0668 / www.UWOV.org

Step 1: My Information

| | | |
|--|------------------|-----------------|
| Name | Employer | Email |
| Home Address | City, State, Zip | Cell # Work # |
| <input type="radio"/> I'm retiring within the next year, please keep in touch! | | |
| <input type="radio"/> I would like to combine my gift with my spouse. | | |
| Spouse Name | | Spouse Employer |

Step 2: My Investment # Pay Periods (x) \$ Per Pay (=) Annual Contributions

| | |
|--|--|
| <input type="checkbox"/> Leadership Donor: Become a Leadership Donor by donating \$1,000 or more annually. | |
| <input type="checkbox"/> Tocqueville Donor: Become a Tocqueville Donor by donating \$10,000 or more annually. | |
| <input type="radio"/> Caring: 2% of annual salary | <input type="radio"/> \$15/pay period |
| <input type="radio"/> Reaching: 1.5% of annual salary | <input type="radio"/> \$10/pay period |
| <input type="radio"/> Helping: 1% of annual salary | <input type="radio"/> \$5/pay period |
| <input type="radio"/> Fair Share: .6% of annual salary (1 hour pay per month) | <input type="radio"/> \$ ____/ pay period |
| | <input type="radio"/> Check <input type="radio"/> Cash |
| | <input type="radio"/> Amount attached \$ _____ |
| | <input type="radio"/> Check# _____ |
| | <input type="radio"/> Direct bill (\$100 minimum) |
| | Total Amt: \$ _____ |
| | <input type="radio"/> Bill me: |
| | <input type="checkbox"/> Quarterly |
| | <input type="checkbox"/> Semi-Annually |
| | <input type="checkbox"/> Annually |

| | | | | | |
|----------------------------------|----------------------------------|---------------------------------|-------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Daviess | <input type="checkbox"/> Hancock | <input type="checkbox"/> McLean | <input type="checkbox"/> Ohio | <input type="checkbox"/> Union | <input type="checkbox"/> Webster |
|----------------------------------|----------------------------------|---------------------------------|-------------------------------|--------------------------------|----------------------------------|

- ☐ I want my local **volunteers** to decide where to best invest my contribution.
- ☐ I want my contribution to support a specific **UWOV funded agency**. Code:
To designate to a specific county not listed see out of area form. (\$75 minimum. See agency code list)
- ☐ I want my contribution to support UWOV's specific **impact initiative**.

Impact Initiative: Reduction of Poverty

Affordable Housing: Providing assistance to prevent loss of housing and improve access, creation and expansion to affordable housing options.

Prevention and Intervention of Homelessness: Providing emergency services, case management and transitional services to ensure housing and stabilization.

Economic Stability: Progress and collaborate with service providers to reduce the long-term need for financial assistance.



Get Connected. Get Help.™

Step 3: My Involvement

UNITED IS THE WAY™

- | | | |
|--|--|--|
| <input type="checkbox"/> I would like to be a UWOV volunteer: | <input type="radio"/> Campaign volunteer | <input type="radio"/> Community Investment volunteer |
| <input type="checkbox"/> I would like to learn about estate planning. | | |
| <input type="checkbox"/> I would like to learn about giving gifts of stock. | | |
| <input type="checkbox"/> I would like to receive a letter of acknowledgment for my gift. | | |



Signature: _____ Date: _____
No goods or services were received for this donation

Thank you for your generosity!