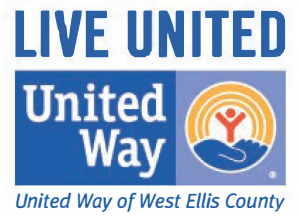


PLEDGE FORM

Together we can improve health, prosperity and education in our community.



MR/MRS/MS/DR FIRST NAME MI LAST NAME

HOME ADDRESS (Address listed must be your billing address.) CITY

STATE ZIP HOME PHONE DAYTIME PHONE

COMPANY NAME

I have been contributing to United Way for ____ years. I'd like to hear from United Way about how my contribution is getting results.

Want to see how your contribution is making a difference? Please provide your email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

EMAIL ADDRESS * _____

**The email address you provide will be used only by the United Way and will not be sold or provided to any other organization.*

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

EASY PAYROLL DEDUCTION

A. I want to contribute the following amount each pay period:
 \$50 \$25 \$10 \$5
Other \$ _____

B. I pledge _____ % of my salary, for a total gift of \$ _____

My total annual gift
AMOUNT \$ _____

DIRECT GIFT

AMOUNT \$ _____

Direct gift to be paid by:
 Cash
 Personal check (enclosed)

CREDIT CARD

AMOUNT \$ _____

Please make your gift online @ www.uwwec.org

I PREFER MY GIFT REMAIN ANONYMOUS

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

— option A —

INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund.
The most powerful way to invest your contribution. AMOUNT \$ _____

— option B —

EDUCATION Helping children and youth achieve their potential through education AMOUNT \$ _____

INCOME Helping families become financially stable and independent AMOUNT \$ _____

HEALTH Improving people's health AMOUNT \$ _____

— option C —

Restricted Contribution AGENCY NAME AND ADDRESS (OR AGENCY CODE)
AMOUNT \$ _____
Minimum of \$100 contribution required for restricted gifts.

Signature _____ Date _____ Please check the accuracy of all your entries. Thanks for investing in United Way.

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.