

Name _____

Charge to my credit card

Please provide complete address.

I pledge a gift of \$ _____

Visa Mastercard

Address _____

Card No. _____

Exp. Date _____

City _____

on Card _____

State _____

Signature _____

Zip _____

Check or cash is attached

Bill me each quarter or monthly

(minimum billing of \$15)

No goods or service to donor were provided in exchange for gift.

I wish to give my gift to help the most people possible. Use for the many health and human service programs selected and monitored by experienced Piedmont United Way volunteers.

I wish to designate my pledge to the following county or to a specific United Way agency or non-United Way agency.

Write in name. _____

Piedmont United Way - PO Box 398 - Culpeper, VA 22701

Thank you for your support.

Keep for your tax files.

Name _____

Address _____

City,St,Zip _____

Amount _____