

# Web Pledge Card

Please print this pledge card, complete and mail to:

St. Joseph County United Way  
P.O. Box 577  
660 E. Main St.  
Centreville, MI 49032



## 1. My Information

Please complete information below.

Prefix:  Mr.  Mrs.  Dr.  Other  Male  Female  
First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Age:  18-35  36-40  
Last Name: \_\_\_\_\_  41-54  55 or older  
Employer: \_\_\_\_\_  
Daytime Phone:  Work  Home ( ) - \_\_\_\_\_  Cell ( ) - \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Preferred e-mail: \_\_\_\_\_

## 2. Annual Pledge

Total Pledge Amount ..... \$ \_\_\_\_\_

Check/Money Order enclosed  
 Credit / Debit Card Card #: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Visa/MC/AmEx/Disc) CVV #: \_\_\_\_\_

Please provide full address for credit/debit card payments. Your credit/debit card will be charged upon receipt by St. Joseph County United Way or by your billing preference.

Billing Address (if different than above): \_\_\_\_\_

Please bill me at the above address. *Minimum \$25 for direct billing.*

Stock/Securities For stock transfers, please call 269.467.9099.

### My billing preferences (Minimum \$25 for direct billing)

Please bill me:  Monthly  Quarterly  One Time

First billing date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If date is left blank, billing will begin immediately.

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(269) 467-9099 FAX: (269) 467-7119

www.sjcuw.com • e-mail: kellyh@sjcuw.com

**Thank You!** Please sign and date

X \_\_\_\_\_ Thank you! \_\_\_\_\_ Date: \_\_\_\_\_  
Signature (required)

St. Joseph County United Way does not provide goods or services as whole or partial consideration for contributions.  
Donors who make a single payment of \$250 or more will receive a tax receipt.