DINITED WAT OF FLOREINCE COUN	VII CA	AIVIPAIGIN PLEDGE FORIVI
☐ I wish to be a LEADERSHIP GIVER (\$500 and up)	Total	NAME: (please print)
\$500-\$749 \$750-\$999 \$1,000-\$2,499 \$2,500-\$9,999 \$10,000+	Yearly Pledge:	COMPANY:
☐ I wish to pledge a LOVE SHARE (one hour's pay per month)	\$	HOME ADDRESS:
I wish to have the following amount DEDCTED PER PAY PERIOD:	For pay- roll dept.	CITY:STATE:ZIP:
\$	only	PHONE:EMAIL:
I have attached my CHECK or CASH gift of \$		Contributor Comments:
☐ I pledge \$ on my credit card. ☐ VISA ☐ MA:	STERCARD	
CARD# EXP CVV		All designations must be directed to 501 (c)3 organizations
BILL CARD: NOW MONTHLY QUARTERLY YEARLY	UNITED	WAY OF FLORENCE COUNTY United Way
Beginning://	Serving	g Florence, Johnsonville, Timmonsville,
Signature	Pampli	ico, Olanta, and Lake City  United Way of Florence County

 $www.uwflorence.org \cdot 1621 \ West \ Palmetto \ Street \cdot Florence, \ SC \ 29501 \cdot United \ Way \ Thanks \ You \ For \ Your \ Support!$