

United Appeal for Athens County PLEDGE FORM

469 Richland Avenue, Athens, Ohio 45701
740-592-1293

1. My information

Prefix Mr. Mrs. Ms. Dr. Other

First name _____ Middle initial _____

Last name _____

Employer _____

Phone home work _____

Address home work _____

City _____ State _____ Zip _____

E-mail home work _____

2. My total pledge for this year is: _____

3. My payment options:

PAYROLL DEDUCTION

(optional) employee i.d. # _____
(you may choose to write this # only on yellow
employer's copy)

I pledge _____ per pay period

Number of pay periods

12 24 26 52 Other

CASH

CHECK (payable to United Appeal)

check # _____

DIRECT BILL

monthly quarterly one time

CREDIT CARD Visa MasterCard

card # _____

exp. date (month/year) _____

monthly quarterly one time

4. Thank you! Please sign and date

Signature required _____

Date (month/day/year) _____

I prefer not to receive any public acknowledgment for
my pledge.

5. Optional: Donor preferences