

# 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