My 2023/2024 Pledge to United Way is \$				
Contact Informat	ion			
NAME(S)				
EMPLOYER/ORGANIZATIO	N			
HOME ADDRESS				
CITY			ZIP	
PHONE				
PLEASE LIST MY/OUR NAME(S) FOR RECOGNITION PURPOSES AS:				
Payment Options		K		
☐ Check enclosed, paya	able to United Way of	Carlisle & Cumberla	and County	
☐ Bill me: Monthly ☐ Credit Card or Debit (	-	on (mm/yy)		
□Visa □ MasterCar	d American Express	☐ Discover		
Name as it app	ears on card:			
Billing Address	·			
Credit Card #:		Exp. Date:	Security Code:	
☐ Bank Withdrawal (Un☐ Transfer of Securities☐ Payroll Deduction☐ I/we prefer my/our do	s; contact United Way	when ready to tran	•	
Signature	e	Date		



## **Donor Designations**

Please distribute my pledge as follows:	
United Way of Carlisle & Cumberland County Community's Impact Fu	nd
(\$2,500 minimum to be distributed to 35 local non-profit programs)	\$
Endowment Fund, United Way of Carlisle & Cumberland County	\$
United Way Success By 6 <sup>TM</sup> Initiative	\$
United Way Heating Coalition	\$
I wish to direct a portion of my gift to the following 501(c)(3) organizations:	
Name & Address of Organization(s)	Gift Amount
	6
	\$
	\$
	\$
	\$
	\$

- Please list additional directed gifts on an additional attached page.
- We pay directed gifts upon receipt of your payment. We remind you that we do not charge any fees against your designations.
- The intended use of your directed contributions must be recorded by June 30, 2024.
- Donors may not receive any goods or services for designations.

Thank you for being a leader in our community!

Please return form to: 145 S. Hanover Street, Carlisle, PA 17013

