

Pledge Form



Tri-County Kentucky United Way

Personal Information

Name: _____

Company: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

Your Gift

Total Gift Amount: \$ _____

Easy Payroll Deduction

I would like to contribute the following per paycheck:

\$15 \$10 \$5 \$3 \$1 Other

\$ _____ x _____ = \$ _____
amount per paycheck # of paychecks annual gift

Check / Cash Enclosed

(made payable to Tri-County Kentucky United Way)

*Optional: Please designate my gift to the United Way in:

_____ in _____
County State

Tri-County Kentucky United Way

P.O. Box 547
Bardstown, KY 40004
Email:
director@tricountykyuw.org

