

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Birthdate \_\_\_\_\_

**I would like my contribution to go to:**

\_\_\_\_\_ Lycoming County Community Fund **AND/OR**  
 Program Partner Designation (if desired): \_\_\_\_\_

\_\_\_\_\_ I would like to receive a written acknowledgment of my gift.  
 \_\_\_\_\_ I am interested in the future of United Way.

Signature \_\_\_\_\_

**Total Pledge \$** \_\_\_\_\_

Choose one payment option:

1. \_\_\_\_\_ Cash or check enclosed
2. \_\_\_\_\_ Bill me  
                   \_\_\_\_\_ Once    \_\_\_\_\_ Monthly    \_\_\_\_\_ Quarterly
3. \_\_\_\_\_ Credit / Debit  
                   \_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Discover  
                   \_\_\_\_\_ Once    \_\_\_\_\_ Monthly    \_\_\_\_\_ Quarterly

Card # \_\_\_\_\_

Expires \_\_\_\_\_

Signature \_\_\_\_\_

4. \_\_\_\_\_ Payroll deduction  
     Amt. per pay period \$ \_\_\_\_\_  
     Number of pay periods \_\_\_\_\_

White: United Way                      Yellow: Payroll                      Pink: Donor Receipt

**Peter Herdic Society**

If your gift is \$500 or more, complete this section.

\_\_\_\_\_ Please combine my pledge with my spouse's.

His/her name is: \_\_\_\_\_

Please print my / our names in the leadership giving register as \_\_\_\_\_

\_\_\_\_\_ I wish for my gift to remain anonymous

**Rewards Program**

If your gift is \$104 or more, be sure to complete the entry card(s) included in the brochure for your chance to win a great prize! (See official rules).



Lycoming County United Way



Your Community.  
Your Home. Your Future.

33 West Third Street, Suite 201  
 Williamsport, PA 17701

570-323-9448 | **lcuw.org** |