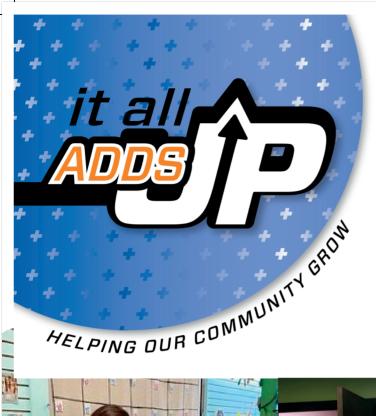
## 2023-2024 United Way of the Kearney Area Pledge Form

4009 6th Ave., Ste. 19 Kearney, NE 68845 (308) 237-6840

## Pledge Online at www.uwka.org



MV	INFORMATION		
			o:
Address	:		Cell Phone:
City:		State:	Zip Code:
Email:			Work Phone:
P) MY	GIVING		
1: Easy	Payroll Deduction		
Employe	Employer: Employer ID:		
I pledge	the following amount for _	pay period	
\$2	0	\$5 \$2	Other: \$
My total	annual gift: \$		
2: Other	Payment Options	_	_
Ch	eck Cash	Credit Card	Direct Bill/Auto Withdrawal
	ımber:	· ·	Date: CVC:
Please	oill me in the amount of \$		Bill beginning (MM/YY):
	nthly Quarterly	Semi-annually	One-time
My total annual gift: \$			
) MY	DESIGNATION		
			cted by trained volunteers unless you select to designate.
(Due to processing, designations must be a minimum of \$20).  Please direct my donation to the following program (listed inside):			
Agen	cy:		<u> </u>
		ation meeting the eligibility requoe assessed from designations	
.) MY	RECOGNITION		
	ft of \$500 or more qualifies me as	a LEADERSHIP GIVER.	
	Gold \$3,000-\$4,999		onze \$1,000-\$1,999
L	Silver \$2,000-\$2,999		rch Bearer \$500-\$999
_	I prefer my name remain se list my name as:	•	
	SIGNATURE SIGNATURE		
MIT	SIUNATUKE		
			Data





United Way of the Kearney Area



Education



Health



Financial Stability

2023-24 Campaign Sponsor



