United Appeal for Athens County
469 Richland Ave.
Athens OH 45701
740-592-1293
Giving@UnitedAppeal.org

Pledge Form

Name

Employer and Employee ID number (for payroll deduction)

Address

Phone/email

Total annual pledge or contribution

Method of Payment

☐ Payroll Deduction
  ☐ I, signature required
  Authorize this payroll deduction of
  ☐ $10 ☐ $25 ☐ $50 ☐ $100 ☐ $_________ per paycheck
  ☐ One-time deduction of $_________ in January

☐ Check (make check payable to United Appeal)

☐ Direct Bill
  ☐ Monthly ☐ Quarterly ☐ One Time in January

☐ Master Card or VISA (credit card gifts may also be made
directly through PayPal at www.unitedappeal.org)

Card # ___________ exp. date ___________

Donor Choice

For your donation to be used by a specific program or out-of-county united fund, indicate here.

☐ Please keep my donor choice anonymous.

White Copy - United Appeal  Yellow Copy - Employer