

United Appeal for Athens County

469 Richland Ave.
Athens OH 45701
740-592-1293
www.unitedappeal.org

Pledge Form

Name

Employer and Employee ID number (for payroll deduction)

Address

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)

Credit Card (Visa, MasterCard, Discover, American Express) or Pay Directly at www.unitedappeal.org/how

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