

# THANK YOU WEST ALABAMA!

Serving Bibb, Fayette, Greene, Hale, Lamar,  
Marengo, Pickens, Sumter and Tuscaloosa Counties

2720 6th Street  
Tuscaloosa, AL 35401  
205.345.6640  
uwwa.org



United Way of West Alabama believes that giving is a personal decision.  
Your gift of any amount is important, appreciated & stays local.

**“For it is in the giving that we receive.”  
– St. Francis of Assisi**

Name (please print)	Company	Birthdate	
Home Address	City	State	Zip
Phone	Work Email	Home Email	

Retiring soon?      **YES!** Please make sure you provide us with your personal/home information to stay in touch!

## FAIR SHARE GUIDELINES

Salaried Employee = 1% of salary  
Hourly Employee = 1 hr pay per month



**I WANT TO BE INVOLVED WITH YLS!**  
DID YOU KNOW THAT IF YOU ARE A BETWEEN THE AGES 21-45  
AND YOU DONATE TO UNITED WAY, YOU ARE **AUTOMATICALLY A**  
MEMBER OF THE UNITED WAY’S YOUNG LEADERS SOCIETY?

## LEADERSHIP LEVELS: (Please check level that applies.)

- Arrowhead Society (\$500-999)
- Capstone Society (\$1,000-2,499)
- Capitol Society (\$2,500-3,499)
- Chief Tuscaloosa Society (\$3,500-4,999)
- Black Warrior Society (\$5,000-9,999)
- Alexis de Tocqueville Society (\$10,000+)

Please print how you want your name to appear in recognition materials.

- Please check if you wish to remain anonymous
- I am combining my gift with my spouse’s

Spouse’s Name: \_\_\_\_\_  
Spouse’s Gift: \_\_\_\_\_  
Spouse’s Workplace: \_\_\_\_\_

TOTAL ANNUAL PLEDGE: \$ \_\_\_\_\_  
(Information on your pledge card is not shared.)

HOW MANY YEARS HAVE YOU BEEN  
GIVING TO UNITED WAY? \_\_\_\_\_

- Fair Share (see above): \$ \_\_\_\_\_  Continuous Pledge (same as last year) : \$ \_\_\_\_\_  
Must provide actual amount Must provide actual amount

How would you like to pay your pledge?

- Payroll Deduction: \$ \_\_\_\_\_ x \_\_\_\_\_  
Amount per pay period Pay periods per year
- Credit/Debit Card: (Visa, MasterCard, Discover)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

- Bill Me \$ \_\_\_\_\_ (must fully complete address above) \*\$25 minimum pledge for bill me & credit/debit option
- Pay Now in Full (please attach check or cash)

If paying by credit card option, please circle one:

Monthly  
Quarterly  
One-time

First withdrawal date: \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

SIGNATURE (must sign) \_\_\_\_\_ DATE \_\_\_\_\_

Questions/Comments \_\_\_\_\_