

# Scioto County United Way Personal Pledge Card

Company or Organization \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

## I make the following pledge:

"FAIR SHARE" (Payroll will provide this amount - Recommended 1 hour per month)

\$ \_\_\_\_\_ Total Pledge and/or \$ \_\_\_\_\_ per pay

My pledge is to be:

PAYROLL DEDUCTED: Your signature below authorizes your employer to make payroll deductions.

BILL ME:  Quarterly  Annually  
I would like to be billed annually on \_\_\_\_\_ (Date)

Check, Cash or Money Order attached:

Signature \_\_\_\_\_

\*\*\* Please return this signed pledge card to your payroll department or the United Way Office • 2919 Walnut St. • Portsmouth, Ohio 45662

## To designate your United Way donation, please indicate below:

- \_\_\_\_\_ All of the following
- \_\_\_\_\_ Helping Hands Process\*

## Full 2003 Membership Agencies:

- \_\_\_\_\_ Adult Daily Living Services
- \_\_\_\_\_ American Red Cross
- \_\_\_\_\_ Arthritis Foundation
- \_\_\_\_\_ Boy Scouts of America
- \_\_\_\_\_ Catholic Social Services
- \_\_\_\_\_ Deaf Services
- \_\_\_\_\_ 14th Street Community Center
- \_\_\_\_\_ Girl Scouts
- \_\_\_\_\_ Operation Baby Buckle
- \_\_\_\_\_ Operation Safety Net
- \_\_\_\_\_ Pastoral Counseling
- \_\_\_\_\_ R.E.A.C.H.
- \_\_\_\_\_ R.S.V.P.
- \_\_\_\_\_ Salvation Army
- \_\_\_\_\_ Scioto Radio Reading Service
- \_\_\_\_\_ S.C.M. - West End Day Care
- \_\_\_\_\_ Sierra's Haven
- \_\_\_\_\_ Task Force on Domestic Violence

\* The Helping Hands Program was developed by the United Way of Scioto County in 1991 that upon approval from the Helping Hands Committee allocates a one time donation to a Scioto County Agency or Program seeking funding for a specific service or program.