LIVE UNITED



United Way of Nevada County Pledge Form (please print)

First Name		MI	Last Name	
Home Address	(For credit card cha	rges, address listed m	st be your billing address)	
State	Zip	Home phone	Daytime	phone
Company Name			Email	
Please select pay	roll deduction or a di	rect gift:		
I want to contribu pay period: \$50 \$25 \$5 Othe My Annual Total In Memorial fo	r \$ gift: \$ or: \$500 or more will be act	_	□ DIRECT GIFT Amount: \$ To be paid by: □ Cash or Check □ Credit Card □ Master Card □ American Exp Card # Expires:	
	r name(s) as follows: ny gift remain anonym	ious		
Signature:				
 Option A. Unite Option B. Please (Designations r 	ed Way of Nevada Count	to the following 501(c)(3) a nnual basis)		
	If infor	mation is incomplete, no des	ignation will be distributed	
	One cop	Please print out t y by: Company 2 nd Copy: Un	vo copies: ted Way of Nevada County	
United Way of Nev P.O. Box 2733, Gra	ada County ass Valley, CA 95945	Fed Tax ID: 68	-0007201	(530) 274-8111 www.uwnc.org