



United Way of Greater St. Joseph

2017/2018 United Way Pledge Card

Name: _____ Employer: _____
Address: _____ City/State/Zip: _____
E-mail: _____ I/We have given to United Way for _____ years.
Total Pledge: \$ _____
Paid Now: \$ _____
Balance Due: \$ _____

If I/we have a balance due, I/we would like United Way to:

- send me a statement periodically. OR debit my checking/savings account monthly.
 Quarterly *(Please complete the Authorization Agreement below.)*
 Monthly
 Other _____

Authorization Agreement for Automatic Debits from Checking/Savings Account:

I (we) hereby authorize United Way of Greater St. Joseph to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my/our Checking/Savings account indicated below and further authorize the depository named below to debit and/or credit the same to such account. Debit entries will be made on, or after, the 16th of each month.

This authority is to remain in full force and effect until United Way of Greater St. Joseph has received written notification from me (or either of us) of its termination in such time and in such manner as to afford United Way of Greater St. Joseph and the depository a reasonable opportunity to act on it.

Monthly Pledge Amount: _____ (\$10.00 per month minimum)

Financial Institution Information:

Name: _____
City: _____ State: _____ Zip: _____
Routing (Transit) Number: _____ Account Number: _____
Signature _____ Date _____

Please enclose a voided check - please do not attach a deposit slip.

Pledge cards can be mailed to:
United Way of Greater St. Joseph, PO Box 188,
St. Joseph, MO 64502

United Way
of Greater St. Joseph

