

United In Caring

2022/2023 United Way Pledge Form

Name: _____ Employer: _____

Address: _____ City, State, Zip: _____

Personal Email: _____

Work Email: _____

I/we have been supporting United Way for _____ years.

My/Our annual gift of \$ _____ will be paid in the following manner:

- Monthly Direct Debit *(Please complete the authorization below and enclose a voided check)*
- Please bill me
 - Monthly
 - Quarterly
 - Semi-Annually
 - Once on (date) _____
- Enclosed *(Please make checks payable to United Way of Greater St. Joseph)*

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 forms can be mailed to:
United Way of Greater St. Joseph, P.O. Box 188, St. Joseph, MO 64502*