



**SIGNATURE** 



PHONE 336-625-4207 • UWRANDOLPH.ORG

DATE

CONTACT INFORMATION		EMPL	OYEE PLEDGE FORM
PREFIX DR. MR. MRS. MS.			THANK YOU FOR YOUR GIFT!
FIRST NAME	MI		I'm planning for the future.
LAST NAME	SUFFIX		I would like information on the     Pathway to Prosperity program at United Way.
HOME ADDRESS	APT#		I would like information on including United Way in my will or other planned giving opportunities.
CITY STATE	ZIP CODE		I would like additional information about Asheboro Auto Mall.
PREFERRED PHONE			I would like information on how to become a Fund Distribution Volunteer.
PREFERRED EMAIL ADDRESS (Providing your email will help us THANK YOU electrons)	onically and save money o	on postage)	I am interested in VOLUNTEERING options.
EMPLOYER	EMPLOYEE ID#		
MY UNITED WAY INVESTMENT			
Payment Options:	t amount of o	ne hour's pay per	month or higher)
	e chart below to Ir total amount	CHECK/CASH	Please attach and make checks payable to United Way of Randolph County
AMOUNT PER PAY PERIOD PAY PERIODS		\$	CHECK NUMBER
	BIWEEKLY (26)		CHECK NOMBER
ONE TIME DEDUCTION \$ 10 MONTHS (ACS)	WEEKLY (52)  5 MONTHS (RCS) tandolph County Schools	LEADERSHIP GI	Fill out Uwharrie Leadership Pledge Card on back
		Alexis de To	ocqueville Society (\$10,000 or more)
CREDIT CARD  Scan the QR code OR visit uwrandolph.org/dona			5,000 to \$9,999) Silver (\$1,500 to \$2,499)
Ok visit dwrai dolphtorg/donate		Gold (\$2,500 to \$4,999) Bronze (\$1,000 - \$1,499)	
MY GIVING OPTIONS		<b>&gt;</b>	
HEALTHY COMMUNITY Improving health and well being for all.		YOUTH OPPORTUNITY Helping young people realize their full potential.	
☐ FINANCIAL SECURITY		COMMUNITY RESILIENCY	
Creating a stronger financial future for every generation.		Addressing u	argent needs today for a better tomorrow.
DESIGNATE YOUR CONTRIBUTION \$			
	me and address (must be a	501 (c) (3) health and human serv	rice organization)
SIGN & DATE		I WISH TO	O REMAIN ANONYMOUS

## **EMPOWERING INDEPENDENCE THROUGH UNITED WAY**

United Way of Randolph County partner agencies are vital because they represent local non-profits addressing key community needs like health, youth opportunities, financial security, and resilience. By leveraging United Way's fundraising network, these agencies access crucial resources, providing essential services to those in need and strengthening the community.





### **HEALTHY COMMUNITY**

CARE
Kintegra Health
Randolph Senior Adults Association
Regional Consolidated Services
YMCA Asheboro/Randolph

### **FINANCIAL SECURITY**

Christians United Outreach Center Salvation Army

### YOUTH OPPORTUNITY

4H
Boys Scouts - Old North State Council
Central Boys and Girls Club

Communities in Schools
Partnership for Children

### **COMMUNITY RESILIENCY**

American Red Cross
Ash-Rand Rescue Squad & EMS
NC 211
Volunteer Center of Randolph County

## TOGETHER, WE CAN MAKE REAL CHANGE. RIGHT HERE

# WHAT DOES A DOLLAR DO?

### \$5.50 per week

Leave a Lasting Legacy...Please Remember United Way in Your Will

A gift of just \$5.50 a week provides weekend food bags for a student in need throughout the entire school year.

### \$10.00 per week

Provides 2 senior adults with a nourishing meal once a week, helping to ensure they receive the care and support they deserve.

### \$24.00 per week

Provides a full year of critical diabetes and or hypertension medication for 52 individuals in our community.

#### **UWHARRIE SOCIETY PLEDGE FORM 2025** Alexis de Tocqueville Society PLEDGE INFORMATION Alexis de Tocqueville Society (\$10,000 or more) Pledge/Gift: \$ \_\_\_\_\_ **Uwharrie Society** ☐ Platinum Level (\$5.000 to \$9.999) PAYMENT OPTIONS Gold Level (\$2,500 to \$4,999) Payment Enclosed \$ ☐ Silver Level (\$1,500 to \$2,499) Mail to: PO Box 597, Asheboro, NC 27204 ☐ Bronze Level (\$1,000 to \$1,499) UWHARRIE SOCIETY Payroll Deduction \$ \_ I/We wish to remain anonymous (Begin January, 2026) To authorize the payroll deduction, please fill out an employee form during your company's campaign.) Name(s) as I/we wish to be listed in the Uwharrie Society Recognition book ☐ Bill Direct for \$ My spouse/partner and I are combining our pledges ■ Monthly ■ Quarterly ■ One time on (date) \_\_\_\_ Spouse/Partner Name: \_\_\_\_\_ My Company: \_\_\_ ☐Credit Card \$ Spouse/Partner Company: \_\_\_ ☐ Securities Home Address: \_\_\_\_\_ **Brokerage firm/Contact Person** If you wish to designate to a specific area or agency, please indicate below: Home Ph: \_\_\_\_\_\_Work Ph: \_\_\_\_\_ Agency Name: \_\_\_\_\_ Amount \$ \_ Agency Name: \_\_\_\_\_ Amount \$ \_\_\_\_ Email: \_\_

Signature: \_\_\_