I WOULD LIKE TO PLEDGE: \$ I WOULD LIKE TO PLEDGE: \$ I WOULD LIKE TO PLEDGE: \$ total pledge amount total pledge amount total pledge amount Preferred payment method (pick one) Preferred payment method (pick one) Preferred payment method (pick one) Payroll deduction Check enclosed Bill me Payroll deduction Check enclosed ☐ Bill me Payroll deduction Check enclosed Bill me Only for companies running a To pay by check, credit Only for companies running a . To pay by check, credit Only for companies running a To pay by check, credit Cash enclosed Cash enclosed Cash enclosed payroll deduction program card or securities payroll deduction program card or securities payroll deduction program card or securities osemi-annual semi-annual o semi-annual · Make checks payable to: · Make checks payable to: · Make checks payable to: Χ Χ United Way of Greater St. Louis United Way of Greater St. Louis United Way of Greater St. Louis □ monthly □ monthly □ monthly amount per pay period amount per pay period amount per pay period Attn: Annual Campaign Attn: Annual Campaign Attn: Annual Campaign quarterly O quarterly quarterly P.O. Box 954281 P.O. Box 954281 P.O. Box 954281 St. Louis, MO 63195-4281 St. Louis, MO 63195-4281 St. Louis, MO 63195-4281 # Start date Start date Start date # of pay periods # of pay periods # of pay periods YOUR INFORMATION (please print) YOUR INFORMATION (please print) YOUR INFORMATION (please print) AGE RANGE AGE RANGE AGE RANGE under 22 under 22 under 22 Name Name Name 22-27 22-27 22-27 28-35 28-35 28-35 Employer Employer Employer \bigcirc 36-42 \bigcirc 36-42 \bigcirc 36-42 43-50 **43-50 43-50** Home address Home address Home address 51-59 □ 51-59 □ 51-59 O60+ \bigcirc 60+ □60+ City 7IP code 7IP code City State 7IP code State City State Birth date Birth date Birth date Work email Work email Work email Personal emai Personal email Personal emai Work phone # Mobile phone # Work phone # Mobile phone # Work phone # Mobile phone # Signature (Signature required to authorize your pledge and payment method) Signature (Signature required to authorize your pledge and payment method) Signature (Signature required to authorize your pledge and payment method) ☐ I will be retiring in the next two years. I wish for my contribution to be anonymous. ☐ I will be retiring in the next two years. I wish for my contribution to be anonymous ☐ I will be retiring in the next two years. I wish for my contribution to be anonymous. *Please note any updated contact information on the back of this card *Please note any updated contact information on the back of this card *Please note any updated contact information on the back of this card **BECOME A LEADERSHIP GIVER BECOME A LEADERSHIP GIVER BECOME A LEADERSHIP GIVER** Leadership Givers contribute an annual gift of \$1,000 or more. Leadership Givers contribute an annual gift of \$1,000 or more. Leadership Givers contribute an annual gift of \$1,000 or more. Explore the benefits at **HelpinaPeople.ora**. Explore the benefits at **HelpingPeople.org**. Explore the benefits at **HelpinaPeople.ora**. LEADERSHIP LEVELS LEADERSHIP LEVELS LEADERSHIP LEVELS Champion Champion \$1,000 \$1.000 Champion \$1.000 Recognize me in the following Leadership Societies: Recognize me in the following Leadership Societies: Recognize me in the following Leadership Societies: \$2.500 \$2.500 \$2.500 Ambassador Ambassador Ambassador African American/Charmaine Chapman ☐ Men's Leader \$5.000 African American/Charmaine Chapman ☐ Men's Leader \$5.000 African American/Charmaine Chapman ☐ Men's Leader \$5.000 de Tocqueville \$10,000+ de Tocqueville \$10,000+ de Tocqueville \$10,000-Multicultural ○ Women's ○ Women's Multicultural ○ Women's THANK YOU FOR HELPING PEOPLE!

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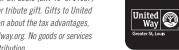


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