

Thank You for **LIVING UNITED**

“Be the change you wish to see in the world.”
~Mahatma Gandhi



United Way of
Greater Union County
33 West Grand Street
Elizabeth, NJ 07202
www.uwguc.org
P. 908.353.7474

CONGRATULATIONS!

As you embark on
your new journey,
we invite you to
LIVE UNITED!

GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED™
www.uwguc.org



United Way of
Greater Union County

A NEW JOB. A NEW OPPORTUNITY. MAKE AN IMPACT.

Congratulations on your new job!

We hope the challenges, responsibilities and relationships you are about to experience and develop will be professionally and personally invaluable to you.

Not only does your new organization care about its work family, it cares about our local community. That's why over the years your co-workers have improved the lives of thousands of people in Greater Union County through hard work and generous giving to United Way.

Now that you are becoming a member of this organization, we invite you to invest in your community and show your support. Please complete the pledge form and return it to your Human Resources Department.



New Employee Pledge Form

~Please Print Neatly~

Please return this form to your Human Resources Department

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Employer _____ Phone _____
(work/home/cell)

E-mail Address (work/home) _____

Signature _____ Date _____

Payroll Deduction

Total: \$ _____

Gift amount: (per pay period)

- \$20
- \$15
- \$10
- \$5
- \$

I am paid:

- 12 (every month)
- 24 (twice a month)
- 26 (every two weeks)
- 52 (every week)
- Other

Billed Gift (\$50 minimum)

Total: \$ _____

- Annually
- Quarterly
- Semi-annually
- Monthly

Start Date: _____
(will begin January 1st unless indicated)

Cash / Check

Total: \$ _____

- Cash
- Check (payable to United Way of Greater Union County)

check # _____ check date _____

(your check may be processed as an electronic debit from your account)

Credit Card

Total: \$ _____

(deductions will begin January 1st unless indicated)

Gift amount:

- \$20
- \$15
- \$10
- \$5
- \$ _____

To be deducted:

- 1st of every month
- 15th of every month
- 1st and 15th of every month
- one time

Credit Card Information:

- Visa
- Mastercard
- American Express

Card # _____ Expiration Date _____

Cardholder _____