

CAMPAIGN PLEDGE FORM



Donor Information

Full Name: _____ Employer: _____
Mailing Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Email: _____

Preferred Gift Option

Payroll Pledge

Pay per period, I authorize a payroll deduction of:

☐ \$5 ☐ \$10 ☐ \$20
☐ \$50 ☐ \$100 ☐ Other \$

Number of Pay Periods

☐ 12 ☐ 24 ☐ 26 ☐ 52 ☐ _____

Total Pledge: _____

Pay Per Period x # of Pay Periods

OR

One-Time Gift

☐ Cash
☐ Check #

Gift Amount Included:

\$ _____

Credit/Debit Card (\$25 minimum)

Visit unitedwaynwa.org

I authorize the above payroll deduction or pledge commitment:

Signature: _____ Date: _____

Optional Donor Preferences

Designations

A \$100 minimum donation is required for each designated gift. Recipient must be a 501c3, as defined by the IRS, serving Northwest Arkansas. Designations that do not meet these requirements will be included in the general NWA community impact fund.

Organization: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Total \$ Amount of Designation: _____

**THANK YOU FOR
INVESTING IN THE
COMMUNITY YOU
CALL HOME!**

