

LIVE UNITED

COMMUNITY **INVESTMENT FUND**

United Way of Hernando County Pledge Form

1. MY INFORMATION. Please print clearly.		4025 Commercial W Spring Hill, FL 3460 (352) 688-2026
Employer: First & Last Name: Home Address: Cell Phone: Wor 2. MY UNITED WAY INVESTMENT. P. I choose for my contribution to impact the PAYROLL DEDUCTION (\$ Amount) \$ PER PAY PERIOD My Pay Period is: 24 (twice a month) 26 (every two weeks) 52 (weekly) Other: Total Yearly Pledge: \$	Ci k Phone: lease select your method of cont following areas: Health Ed	ity: State: Zip: Get Connected. Get Answ
3. MY SIGNATURE. Please sign below	v to pledge your local support.	
pay stub & a copy of your pledge form may be used for ta Loyal Contributor: Yes, I've been giving to Volunteer: Yes, I'm interested in volunteer Retiree: Yes, I will retire in the next few y	x purposes. "Designations do not "rollover." A new United Way for over ten years. I first opportunities in the community.	In Memory of:

LIVE UNITED



United Way of Hernando County





THANK YOU FOR LIVING UNITED! www.UnitedWayHernando.org