If you wish to keep your contribution and designation the same, you do not need to submit a form.

U·S AIRWAYS HOPE TAKES FLIGHT

United Way

Name: _____

Six Digit Employee ID:_____UW Acct. #_____

Cost Center:_____ Payroll Number:_____

Co-mail:_____ Phone:_____

Email:_____

Your personal information is kept confidential. United Way uses this information to acknowledge your gift, provide necessary tax receipts and communicate how your gift is helping.

Preferred contribution method: Please choose A, B or C.

A. Current Payroll Deduction:

Your **annual** payroll deduction is $_____ and designated (if applicable) to the following agency(s):

1) Agency_____City_____State_____ $_____
2) Agency_____City_____State_____ $_____
3) Agency_____City_____State_____ $_____
4) Agency_____City_____State_____ $_____

☐ **Increase my payroll deduction**

Increase my **annual** payroll deduction from $_____ to $_____

B. Enroll in Payroll Deduction:

(Begins Jan. 2012 and continues until revoked or modified in writing. Please submit requests to the Payroll Department.)

1) I would like to contribute the following amount per **pay period**: ☐ $50 ☐ $20 ☐ $10 ☐ $5 ☐ $3 ☐ Other $_____
2) Number of pay periods: ☐ Weekly (52) ☐ Bi-weekly (26) ☐ Semi-monthly (24)
3) **My total annual contribution** $_____ (Amount per pay period x frequency of pay periods)

Leadership Giving Society - A contribution of $1,000 - $9,999 **Tocqueville Society** - A contribution of $10,000 and above

C. One Time Gift:

☐ Check: Amount $_____ Check #_____ **Please make check payable to United Way and attach to this pledge form.**

☐ One-time credit card charge: Amount $_____ **(Minimum $25.00. Credit card will be charged upon receipt)**

☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

Account Number

Exp. Date Month Year

(Signature required at the bottom of form to authorize charge)

Please choose how you would like your contribution invested in your community. **(Total in this section must equal total in above section)**

My Local United Way: $ _____

Your local United Way supports the most pressing needs affecting your community and puts your gift to work where it's needed most.

Restricted Contribution:

1) Agency The Pegasus Project City Phoenix State AZ $_____
2) Agency_____City_____State_____ $_____
3) Agency_____City_____State_____ $_____
4) Agency_____City_____State_____ $_____

You may direct all or a portion of your contribution to support another United Way or a 501(c)(3) nonprofit tax-exempt organization with an eligible health and human service program. Contributions may revert to your local United Way Community Fund if the designated agency does not qualify based on guidelines or cannot be located.

Sign here to authorize pledge and payment method.

Signature:_____ **Total Gift** $_____

(Required for payroll deduction and credit card authorization)

Original – United Way
Mail to: United Way Campaign, C/O US Airways
4000 E. Sky Harbor Blvd., Phoenix, AZ 85034

Copy – Donor
Keep a copy of this form along with your final 2012 pay stub for tax purposes.
United Way has provided no goods or services to the donor in return for this contribution