



WIN A CAR

With your gift of \$100.00 or more

Rules: uwrandolph.org/car



UNITED WAY
Randolph County

PHONE 336-625-4207 • UWRANDOLPH.ORG

CONTACT INFORMATION

PREFIX ☐ DR. ☐ MR. ☐ MRS. ☐ MS.

FIRST NAME

MI

LAST NAME

SUFFIX

HOME ADDRESS

APT #

CITY

STATE

ZIP CODE

PREFERRED PHONE (Providing your email will help us [THANK YOU](#) electronically and save money on postage)

PREFERRED EMAIL ADDRESS

EMPLOYER

EMPLOYEE ID #

EMPLOYEE PLEDGE FORM

THANK YOU FOR YOUR GIFT!

- ☐ I'm planning for the future.
I plan to retire on _____
- ☐ I would like information on the
Pathway to Prosperity program at United Way.
- ☐ I would like information on including United Way
in my will or other planned giving opportunities.
- ☐ I would like additional information about Asheboro
Auto Mall.
- ☐ I would like information on how to become a
Fund Distribution Volunteer.
- ☐ I am interested in VOLUNTEERING options.

MY UNITED WAY INVESTMENT

Payment Options: ☐ This is a Caring Share Gift. (Gift amount of one hour's pay per month or higher)

1. ☐ **TOTAL PAYROLL DEDUCTION \$** _____

AMOUNT PER PAY PERIOD

☐ \$10 ☐ \$20 ☐ \$50

☐ \$100 ☐ OTHER \$ _____

OF PAY PERIODS

☐ MONTHLY (12) ☐ BIWEEKLY (26)
☐ SEMIMONTHLY (24) ☐ WEEKLY (52)
☐ 10 MONTHS (ACS) ☐ 6 MONTHS (RCS)

X

3. ☐ **CHECK/CASH** Please attach and make checks payable to
United Way of Randolph County

\$ _____ CHECK NUMBER _____

4. ☐ **LEADERSHIP GIFT** Fill out Uwharrie Leadership Pledge Card on back

- ☐ Alexis de Tocqueville Society (\$10,000 or more)
- ☐ Platinum (\$5,000 to \$9,999) ☐ Silver (\$1,500 to \$2,499)
- ☐ Gold (\$2,500 to \$4,999) ☐ Bronze (\$1,000 - \$1,499)

2. ☐ **CREDIT CARD**



Scan the QR code
OR visit uwrandolph.org/donate

MY GIVING OPTIONS

- ☐ **HEALTHY COMMUNITY**
Improving health and well being for all.
- ☐ **FINANCIAL SECURITY**
Creating a stronger financial future for every generation.
- ☐ **DESIGNATE YOUR CONTRIBUTION**

\$ _____

Amount (a minimum gift of \$25.00 is required)

- ☐ **YOUTH OPPORTUNITY**
Helping young people realize their full potential.
- ☐ **COMMUNITY RESILIENCY**
Addressing urgent needs today for a better tomorrow.

Agency name and address (must be a 501 (c) (3) health and human service organization)

SIGN & DATE

☐ I WISH TO REMAIN ANONYMOUS

SIGNATURE

DATE

THANK YOU FOR SUPPORTING UNITED WAY

EMPOWERING INDEPENDENCE THROUGH UNITED WAY

United Way of Randolph County partner agencies are vital because they represent local non-profits addressing key community needs like health, youth opportunities, financial security, and resilience. By leveraging United Way's fundraising network, these agencies access crucial resources, providing essential services to those in need and strengthening the community.



Learn more at
uwrandolph.org



HEALTHY COMMUNITY

CARE

Kintegra Health
Randolph Senior Adults Association
Regional Consolidated Services
YMCA Asheboro/Randolph

FINANCIAL SECURITY

Christians United Outreach Center
Salvation Army

YOUTH OPPORTUNITY

4H

Boys Scouts - Old North State Council
Central Boys and Girls Club
Communities in Schools
Partnership for Children

COMMUNITY RESILIENCY

American Red Cross
Ash-Rand Rescue Squad & EMS
NC 211
Volunteer Center of Randolph County

TOGETHER, WE CAN MAKE REAL CHANGE. RIGHT HERE

WHAT DOES A DOLLAR DO?

\$5.50 per week

A gift of just \$5.50 a week provides weekend food bags for a student in need throughout the entire school year.

\$10.00 per week

Provides 2 senior adults with a nourishing meal once a week, helping to ensure they receive the care and support they deserve.

\$24.00 per week

Provides a full year of critical diabetes and or hypertension medication for 52 individuals in our community.

Alexis de Tocqueville Society

- ☐ Alexis de Tocqueville Society (\$10,000 or more)

Uwharrie Society

- ☐ Platinum Level (\$5,000 to \$9,999)
☐ Gold Level (\$2,500 to \$4,999)
☐ Silver Level (\$1,500 to \$2,499)
☐ Bronze Level (\$1,000 to \$1,499)



- ☐ I/We wish to remain anonymous

Name(s) _____

Name(s) as I/we wish to be listed in the Uwharrie Society Recognition book

- ☐ My spouse/partner and I are combining our pledges

Spouse/Partner Name: _____

My Company: _____

Spouse/Partner Company: _____

Home Address: _____

City: _____ St: _____ Zip: _____

Home Ph: _____ Work Ph: _____

Email: _____

PLEDGE INFORMATION

Pledge/Gift: \$ _____

PAYMENT OPTIONS

- ☐ Payment Enclosed \$ _____
Mail to: PO Box 597, Asheboro, NC 27204

- ☐ Payroll Deduction \$ _____
(Begin January, 2026) To authorize the payroll deduction, please fill out the front of this form during your company's campaign.

- ☐ Bill Direct for \$ _____

- ☐ Monthly ☐ Quarterly ☐ One time on (date) _____

- ☐ Credit Card \$ _____



Scan the QR code
OR call our office at 336-625-4207

- ☐ Securities \$ _____

Brokerage firm/Contact Person _____

Signature _____ Date _____

LOYAL CONTRIBUTORS AND DIAMOND DONORS

- ☐ I/We have given to United Way over 10 Years, since _____ (Year)

Leave a Lasting Legacy...Please Remember United Way in Your Will