

UNITED WAY OF FLORENCE COUNTY 365 PLEDGE FORM

NAME: *(please print)* _____
COMPANY: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
EMAIL: _____

Contributor Comments:

All designations must be directed to
501 (c)3 organizations



☐ I wish to be a 365 GIVER (\$365 and up/year) ☐ I wish to give other amount \$ _____

☐ I have attached my CHECK or CASH gift of \$ _____

☐ I pledge \$ _____ on my credit CARD # _____ EXP _____ CVV _____

☐ VISA ☐ MASTERCARD

BILL CARD: ☐ NOW ☐ MONTHLY ☐ QUARTERLY ☐ YEARLY Beginning: __/__/__

Signature _____

Serving Florence, Johnsonville,
Timmonsville, Pamplico,
Olanta, and Lake City



United Way
of Florence County

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