

THE LEADERSHIP PROGRAM

Recognition Card

NAME: _____ DATE: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 PHONE: _____ EMAIL: _____
 COMPANY NAME: _____

Permission granted to be recognized as a Leadership Giver: YES NO



PLEASE PUBLISH MY NAME AS FOLLOWS:

 (Your name alone or that of you and your spouse)

RECOGNITION LEVELS

	Amount:
<input type="checkbox"/> Alexis de Tocqueville**	\$10,000 or more \$ _____
<input type="checkbox"/> Platinum*	\$2,500-9,999 \$ _____
<input type="checkbox"/> Gold*	\$1,000-2,499 \$ _____
<input type="checkbox"/> Silver	\$750-999 \$ _____
<input type="checkbox"/> Bronze	\$500-749 \$ _____

*Palmetto Society (state-wide recognition)** Nation-wide Recognition

PAYMENT OF PLEDGE

- Enclosed
- Stocks/Bonds
- Payroll Deduction
- Bill Me As Follows:
 - ____ Now
 - ____ Monthly
 - ____ Quarterly
 - ____ Semi Annually
 - ____ Annually

Beginning: ____/____/____

VISA MASTERCARD

CARD # _____

EXP _____ CVC _____

SIGNATURE _____

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