

# Pledge Form

*In consideration for the needs of others, I am pleased to donate*



Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

112 Tupelo Avenue  
Fort Walton Beach, FL 32548  
Phone: 850-243-0315  
Fax: 850-23-6625  
[www.united-way.org](http://www.united-way.org)

Check     Credit Card     Bill Me

Total Pledge \$ \_\_\_\_\_

*Thank you!*

Credit Card Type- Visa    Master Card    Discover    AMEX

Card Number- \_\_\_\_\_

Expiration Date- \_\_\_\_\_

Billing Preference:    Monthly    Quarterly    Annually

Beginning in the month of: \_\_\_\_\_

\_\_\_\_\_

*Authorized Signature*

*Date*

## Please designate my Pledge to the following agencies:

I would like the Okaloosa-Walton Fund Distribution Committee to allocate my funds based on community needs. \$ \_\_\_\_\_

Agency Name \_\_\_\_\_ \$ \_\_\_\_\_

Agency Name \_\_\_\_\_ \$ \_\_\_\_\_

Agency Name \_\_\_\_\_ \$ \_\_\_\_\_

Agency Name \_\_\_\_\_ \$ \_\_\_\_\_

For a complete list of United Way of Okaloosa & Walton Counties Agencies please click the "Member Agencies" tab. Please make checks payable to United Way of Okaloosa & Walton Counties.