



Franklin-Southampton Area United Way

Pledge Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Employer _____

Date _____

Your Pledge:

<input type="checkbox"/> Monthly Pledge	\$ _____
<input type="checkbox"/> Quarterly Pledge	\$ _____
<input type="checkbox"/> Annual Pledge	\$ _____
<input type="checkbox"/> Please Bill Me	\$ _____

Mail to: Franklin-Southampton Area United Way
PO Box 366
Franklin, VA 23851

Thank you in advance for your dedication to the United Way. Your donation is graciously accepted and will be put to great use to meet needs in our community.