

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™

United Way Pledge Form

www.woodlandunitedway.org

716 Main Street, Ste. B
Woodland, CA 95695
530.662.3633



PERSONAL INFORMATION

MR/MRS/MS/DR FIRST NAME MI LAST NAME SUFFIX
 HOME ADDRESS (For credit card charges, address listed must be your billing address.) This is my work address SUITE/APT
 CITY STATE ZIP CODE HOME PHONE
 EMPLOYER EMPLOYEE ID (if applicable)

LET US KNOW:
(Please select one)

- I want my gift to remain anonymous
 I would like to be recognized

Want to see how your contribution is making a difference? Please provide your preferred e-mail address so we can show you the difference your contribution makes and help you give, advocate and volunteer all year long.

PREFERRED E-MAIL ADDRESS Home Work

PAYMENT OPTIONS

PAYROLL DEDUCTION My total gift: \$
 I want to contribute the following amount each pay period:
 \$50 \$25 \$10 \$5
 Other amount: \$
 My pay period is:
 Weekly (52 payments)
 Biweekly (26 payments)
 Semi-monthly (24 payments)
 Monthly (12 payments)

DIRECT GIFT My total gift: \$
 Direct gift to be paid by:
 Cash (enclosed)
 Personal check (enclosed) #:
 Credit/Debit card
 NUMBER
 EXPIRATION DATE /
 Visa MasterCard
 Charge me once
 Charge me this amount monthly: \$

RECOGNITION

Donors who contribute \$1,000 or more are qualified for membership in the Leadership Giving Society.

- My name will be listed as it appears above
 Or, please list my/our name(s) as follows:

PLANNED GIVING

- I am interested in including United Way in my will. (A United Way representative will contact you)

LOYAL CONTRIBUTORS

What year did you first give to any United Way?

INVESTMENT OPTIONS

option A

INFLUENCE THE CONDITION OF ALL through the United Way Community Fund, to ensure that: AMOUNT \$

- Disabled children have access to early intervention
- Homeless women and children have access to resources to stabilize them
- Children receive life-saving information BEFORE a crisis occurs
- People have enough food to eat
- Elderly individuals receive weekly friendly visits
- Low-cost therapy is available to those in need

option B

EDUCATION Help children and youth reach their potential
 Invest in our reading proficiency program to help children in Kindergarten through Fourth Grade read at grade level
 AMOUNT \$

HEALTH Improve people's health
 AMOUNT \$

INCOME Help families become financially stable and independent
 AMOUNT \$

option C

DESIGNATED CONTRIBUTION Agency Name and Address

AMOUNT \$

AMOUNT \$

AMOUNT \$

AMOUNT \$

Please do not release my name to agency(s)

*A \$25 minimum contribution is required for each donor designation. Designations must be to a certified 501(c)(3) organization. All designated funds are subject to a 20% processing and fundraising fee, unless the designated agency is a Woodland United Way certified partner.

SIGN & DATE

Signature

Date

Please check the accuracy of your entries.
Thank you for investing in United Way!

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. For contributions made through payroll deduction, please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Please consult your tax adviser for more information.