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

LIVE UNITED™

United Way
Woodland United Way

United Way Pledge Form

MR/MRS/MS/DR | FIRST NAME | MI | LAST NAME

HOME ADDRESS *(For credit card charges, address listed must be your billing address.)* | CITY

STATE | ZIP | HOME PHONE | DAYTIME PHONE

COMPANY NAME | EMPLOYEE NUMBER (IF APPLICABLE)

Let Us Know:

- O I have been contributing to United Way for _____ years.
- O I wish for my gift to remain anonymous.
- O I want to know how to include United Way in my will so I can leave a legacy to my community.

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long. **HOME EMAIL ADDRESS** _____

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT:

O **EASY PAYROLL DEDUCTION**
My total annual gift:
AMOUNT $

I want to contribute the following amount each pay period:
❍ $25 ❍ $20 ❍ $10 ❍ $5 ❍ Other $

O **I AM PAID:**
❍ Weekly
❍ Every 2 Weeks
❍ Twice a Month
❍ Monthly
❍ Other _____

O **DIRECT GIFT** AMOUNT $

Direct gift to be paid by:
❍ Cash (enclosed)
❍ Personal check payable to United Way (enclosed)
❍ Debit/Cedit Card (Visa or Mastercard Only)
Card #_____
Expiration Date _____

O **MY GIFT OF $1,000 OR MORE** *qualifies me for membership in the Leadership Giving Society. My name will be listed as it appears above.* AMOUNT $
❍ Or, please list my/our name(s) as follows: _____

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY:

option A

O **INFLUENCE THE CONDITION OF ALL. Woodland United Way Community Fund.** AMOUNT $ _____

The most powerful way to invest your contribution. Experienced community volunteers will allocate funds to ensure your gift will meet the greatest needs.

option B

O **EDUCATION**
We are supporting young lives by fostering quality early childhood education and emergency respite care for children and their families.
AMOUNT $ _____

O **INCOME**
We are strengthening our families by meeting basic needs, through increasing financial education, helping single parents gain job skills and improving life skills, language skills and adult education levels.
AMOUNT $ _____

O **HEALTH**
We are building new futures by improving people's health through increasing access to medical care, dental care, health insurance and supporting individuals with disabilities.
AMOUNT $ _____

option C

O **Donor Designated Contribution**
AMOUNT $
AGENCY NAME AND ADDRESS

NOTE: A $25 minimum contribution is required for each donor designation. Eligible agencies must be a nonprofit 501(c)(3) organization. All donor designated funds are subject to a 20% processing and fundraising fee. However, no fee will be charged for donor designations to Woodland United Way partner agencies (see our brochure for listing) or sponsored programs. Donor designations are first dollars paid to an agency. In the event a designation is received for a non-eligible agency, the donation will be distributed under Option A above.

Signature _____

THANK YOU!

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. 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. Consult your tax advisor for more information.