2019 PLEDGE FORM

1. CONTACT INFORMATION

MR / MRS / MS  
(Circle One)

FIRST (required)  MIDDLE  LAST (required)  SUFFIX

EMPLOYER

DEPARTMENT

WORK PHONE

HOME ADDRESS (required)

EMPLOYER     DEPARTMENT

CITY (required)

STATE (required)

ZIP (required)

PERSONAL EMAIL

BIRTHDAY

WORK EMAIL

OPTIONAL: Combine my gift with my spouse/partner

Spouse/Partner Name: ____________________________________________

Spouse/Partner Employer: _________________________________________

OPTIONAL: I’d like to join one of the below affinity groups

☐ Women United (annual gift of $1,500+)

☐ Young Leaders Society (under 45, annual gift of $300+)

OPTIONAL: For Public Recognition

☐ Recognition Name(s): ____________________________

(i.e. Mr. and Mrs. Sample)

☐ I prefer that my gift remain anonymous

OPTIONAL: I’m planning for the future

☐ I plan to retire on _____ / _____ / _____

☐ I want to learn more about making a planned gift to United Way

2. ANNUAL DONATION

Option #1: PAYROLL DEDUCTION

A. Number of pay periods: _______

B. Amount per pay period:

☐ $100

☐ $50

☐ $25

☐ $10

☐ Other $ _______

(AxB) = TOTAL ANNUAL PLEDGE

$_________

☐ I already donate through payroll deduction. I would like to:

☐ Increase previous year annual pledge per pay period by:

☐ $10

☐ $5

☐ Other $ _______

☐ Maintain previous year annual pledge

Option #2: PAY NOW

☐ Attach CASH or CHECK*

(check payable to United Way)

$_________

☐ Charge credit/debit card*

(AxB) = TOTAL ANNUAL GIFT

$_________

A. Payment frequency:

☐ Monthly (12)

☐ Quarterly (4)

☐ One Time

B. Payment amount: _______

Card Number: ________________________________

Expire: _____ / _____

Billing Start Date: _____ / _____ / _____

*If giving via card, cash, or check, please submit your pledge form in a sealed envelope. Cards will not be charged until United Way receives pledge form.

3. SIGNATURE

DATE
Together, we are building a better future for everyone in Santa Barbara County. What you spend on a weekly basis can be used to make a big annual impact in our community!

### WEEKLY SPEND

<table>
<thead>
<tr>
<th>Weekly Expense</th>
<th>Annual Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4 cup of coffee</td>
<td>4 CHILDREN receive a free book every month</td>
</tr>
<tr>
<td>$10 dry cleaning</td>
<td>3 FAMILIES attend parenting workshops</td>
</tr>
<tr>
<td>$18 movie tickets</td>
<td>2 PRE-SCHOOLERS attend Kindergarten Success Institutes</td>
</tr>
<tr>
<td>$25 dinner out</td>
<td>250 FAMILIES receive free income tax assistance</td>
</tr>
<tr>
<td>$30 online purchase</td>
<td>1 CHILD receives a Fun in the Sun scholarship</td>
</tr>
</tbody>
</table>

**OPTIONAL:**  □ I would like to FOCUS my gift where the need is greatest in Santa Barbara County

OR **CHOOSE ONE** of the following designation options:

- Education: Help children and youth learn to read and achieve education success (Code 733)
- Health: Help improve health and increase coverage and prevention services (Code 732)
- Financial Stability: Help promote financial stability and independence (Code 739)
- Give to a specific United Way program

  **Program Name:**

□ Give to another geographic area or 501(c)(3) nonprofit organization (**$115 annual pledge minimum**)

  **Organization Name:**

  **Address:**

  **City, State, Zip:**

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. Consult your tax advisor for more information.

To learn about our designation policy, visit [unitedwaysb.org/campaign-toolkit](http://unitedwaysb.org/campaign-toolkit). Designations to outside organizations may incur a processing fee.