

2020 PLEDGE FORM



Santa Barbara County
320 East Gutierrez Street
Santa Barbara, CA 93101

1. CONTACT INFORMATION

MR / MS / OTHER <i>(Circle One)</i>	FIRST <i>(required)</i>	MIDDLE	LAST <i>(required)</i>	SUFFIX
EMPLOYER		DEPARTMENT		WORK PHONE
HOME ADDRESS <i>(required)</i>				CELL PHONE
CITY <i>(required)</i>		STATE <i>(required)</i>	ZIP <i>(required)</i>	BIRTHDAY / /
PERSONAL EMAIL			WORK EMAIL	
<i>OPTIONAL: Combine my gift with my spouse/partner</i> Spouse/Partner Name: _____ Spouse/Partner Employer: _____			<i>OPTIONAL: For Public Recognition</i> Recognition Name(s): _____ <i>(i.e. Mr. and Mrs. Sample)</i> <input type="checkbox"/> I prefer that my gift remain anonymous	
<i>OPTIONAL: I'd like to join one of the below affinity groups</i> <input type="checkbox"/> Women United (annual gift of \$1,500+) <input type="checkbox"/> Young Leaders Society (under age 45, annual gift of \$300+)			<i>OPTIONAL: I'm planning for the future</i> I plan to retire on ____ / ____ / ____ <input type="checkbox"/> Please send me your retirement living e-newsletter	

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

OR

Option #2: PAY NOW

Attach CASH or CHECK*
(check payable to United Way) \$

Charge credit/debit card*

A. Payment frequency:

Monthly (12) **(AxB) = TOTAL ANNUAL GIFT**
 Quarterly (4) \$
 One Time

B. Payment amount: \$ _____

Card Number: _____

Expiry: ____ / ____

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

THE POWER OF YOUR DONATION

LIVE UNITED

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

ANNUAL IMPACT



\$4
cup of coffee

=



4 CHILDREN
receive a free book every month



\$10
dry cleaning

=



1 STUDENT
uses online literacy tools throughout the year



\$18
movie tickets

=



2 PRE-SCHOOLERS
attend Kindergarten Success Institutes



\$25
dinner out

=



250 FAMILIES
receive free income tax assistance



\$30
online purchase

=



1 CHILD
receives a Fun in the Sun scholarship

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: _____

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

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.