

GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITEDTM
 United Way Pledge Form



United Way
 of Stanislaus County

SECTION 1.

DONOR INFORMATION (Please Print)

MR/MS/MRS/DR	FIRST NAME	MI	LAST NAME	
EMPLOYER NAME		WORK PHONE #	EMPLOYEE /PAYROLL NUMBER	
HOME ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE #	EMAIL ADDRESS (TO RECEIVE EVENT INVITATIONS AND E-COMMUNICATIONS)			

SECTION 2.

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY:

EASY PAYROLL DEDUCTION
 I want to contribute the following amount each pay period:
 \$25 \$20 \$10 \$5 \$3 \$2 Other \$ _____
 for a total of: \$ _____ annually

DIRECT GIFT \$ _____

Bill Me (fill out address above)
 Cash
 Check (enclosed) Ck. # _____
 Credit Card
 Card Type _____ Card # _____ Exp _____

I am paid:

Every week (52 pay periods)
 Every 2 weeks (26 pay periods)
 2 times per month (24 pay periods)
 1 time per month (12 pay periods)

LEADERSHIP GIVING LEVELS
 I would like to be recognized as a Leadership Giver based on my level of giving.

Alexis de Tocqueville Society—\$10,000 (+)
 Circle of Stars—\$1,000-\$9,999
 Women's Leadership Council—\$1,000 (+)
 United Way Key Leader—\$300-\$999

Please list my/our name/s as follows:

I prefer that my gift remain anonymous.

SECTION 3.

UNITED WAY COMMUNITY ACTION FUND. Influence the condition of all.

The most powerful way to invest your contribution. Experienced volunteers will make sure your dollars are well invested.

AMOUNT \$ _____

IMPACT AREAS - I want to direct my gift to the following area(s) (Minimum \$24 per area)

EDUCATION
Helping children and youth achieve their potential

AMOUNT \$ _____

INCOME: CRISIS TO STABILITY
Meeting basic needs and establishing self-sufficiency

AMOUNT \$ _____

HEALTH
Improving the health and safety of communities and families

AMOUNT \$ _____

OTHER (Minimum of \$24) (Must be a 501 (c)(3) Charitable Organization)

AMOUNT \$ _____ ORGANIZATION NAME & ADDRESS _____

SECTION 4.

SIGNATURE REQUIRED	DATE
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**TO VOLUNTEER:
 CALL 209-524-1307 OR GO ONLINE TO OUR SEARCHABLE DATABASE 1-800-VOLUNTEER.ORG**

I would like to receive an acknowledgement for my gift (address required above)

Thank you for investing in your community through United Way!
www.uwaystan.org

United Way does not provide goods or services in exchange of this contribution. Your gift is tax deductible based on the provisions of the law.

White: Payroll Copy Yellow: United Way Copy Pink: Donor Copy

ROSTER # _____