

Annual Campaign Pledge Form

1. My information

Please print and sign at bottom of page. Personal information, including email, is never shared.

Mr. Mrs. Ms. _____ First Name _____ M.I. _____ Last Name _____

Mailing Address (Home) _____ City _____ State _____ Zip Code _____

☐ Mobile Telephone or ☐ Home/Landline _____ Email (Never shared) ☐ Home ☐ Work _____

Work Telephone _____ Ext. _____ Company Name/Employer _____

☐ I wish to remain anonymous. ☐ I will be retiring in the next year. ☐ I would like to learn more about Leave 10.

☐ I would like to receive email updates from United Way. ☐ I would like to learn more about Volunteer Kitsap and volunteering

2. My Donation

Please select one.

Be a Leadership Giver! Pledge \$500 or more per year.

☐ 1. Easy Payroll Deduction: \$ _____ X _____ = \$ _____
Amount per pay period No. of pay periods in a full year Total

☐ 2. Cash/Check: Enclosed, made payable to United Way.....Check #.....\$ _____

☐ 3. Credit Card Payment: \$ _____

Card #: _____ Exp. Date: _____ / _____ Security Code: _____

☐ I wish to have \$ _____ charged to the above credit card every month for a total annual pledge of \$ _____.

**Please note: We are unable to process monthly credit card payments of less than \$10.00 a month.
Home address & telephone number required.**

3. Impact Areas (optional) I wish to designate all or part of my pledge to the following areas of need. Please enter dollar amount.

\$ _____ Yearly Total	2-1-1	\$ _____ Yearly Total	Education	\$ _____ Yearly Total	Health
\$ _____ Yearly Total	Financial Stability	\$ _____ Yearly Total	Kitsap Strong	\$ _____ Yearly Total	Disaster Fund

4. My designation (optional) I wish to designate all or part of my pledge to the following 501c3 agency. If agency no longer has 501c3 status the pledge will revert to the UW general fund.

\$ _____
Yearly Total _____ Name/address of agency/program/phone _____

\$ _____
Yearly Total _____ Name/address of agency/program/phone _____

**If designating, please show total yearly dollar amounts in #3 and/or 4#.
Amounts entered must equal Total Pledge/Gift.**

5. My signature

REQUIRED

Date

Total Gift

Thank you for your gift!