We Fight for the Health, Education, and Financial Stability for Everyone in Kitsap County!

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United Way of Kitsap County

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: $ _____ (Amount per pay period) X _____ (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 5o1c3 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!