

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	United Way Cares	\$ 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!