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.**

$_____ **UW General Fund** (Yearly Total) $_____ **Education** (Yearly Total) $_____ **Health** (Yearly Total)

$_____ **Financial Stability** (Yearly Total) $_____ **UW Good Neighbor Fund** (Yearly Total) $_____ **Disaster Fund** (Yearly Total)

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

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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!

08/20