PLEDGE FORM

United Way of Escambia County

I CHOOSE TO LIVE UNITED (required)

Please print clearly. Your information is kept confidential and will not be sold or shared.

O Mr. O Mrs. O Ms. O Dr. **Name:** _____

Home Address: _____ **City:** _____ **State:** ____ **Zip:** ____

Phone: O Home O Work O Cell _____

Email: O Personal O Work _____

O Please sign me up for the monthly United Way e-newsletter with updates and volunteer opportunities.

HOW JUST $5 IMPACTS ESCAMBIA COUNTY

A HUNGRY FAMILY RECEIVES A HOT MEAL OR A HOMEBOUND SENIOR ENJOYS THE COMPANIONSHIP OF A VOLUNTEER OR A VICTIM OF DOMESTIC VIOLENCE CONNECTS WITH SAFE SHELTER RESOURCES OR A CHILD WITH DEVELOPMENTAL DISABILITIES THRIVES IN AFTER-SCHOOL CARE

MY GIFT (required)

MY TOTAL ANNUAL GIFT IS

$ _____
(required)

- ☐ **I'd like to remain anonymous.**
- ☐ **I am a Diamond Donor.** (25+ yrs of giving)
- ☐ **I have included, or am interested in including, United Way in my will, trust, or estate plan.**

☐ EASY PAYROLL DEDUCTION

Amount per pay period	X	Pay periods per year
O $5 O $10		O 12 (monthly)
O $25 O $50		O 26 (bi-weekly)
O $100		O 52 (weekly)
O Other _____		O Other _____

☐ **PAYMENT ENCLOSED** O cash O check

☐ **PLEASE CONTACT ME**

I would like to make my gift by credit card, stock, or other payment.

I WANT TO BE INVOLVED WITH:

- ☐ **Emerging Leaders** (Under 40 yrs old, $365+ annual gift)
- ☐ **Women United** ($1,000+ gift or $500-$999 + 25 hours of service)
- ☐ **Red Feather Fellowship** ($1,000+ annual gift)
- ☐ **Retire United** (I plan to retire in the next 5 yrs)

I CHOOSE TO IMPROVE LIVES THROUGH THE COMMUNITY FUND

☑ Your donation supports the education, health, and financial stability of residents in our community. Donations are monitored to ensure the programs are effective, meet current community needs, are financially stable, and sustainable.

THANK YOU!!

ENTER ME IN THE NEW KIA SOUL GIVEAWAY!

- ☐ **ONE ENTRY** $156 a year or $3 a week
- ☐ **TWO ENTRIES** $624 a year or $12 a week
- ☐ **THREE ENTRIES** $1,196 a year or $23 a week

☐ **AGENCY DESIGNATION** (Optional)

(Maximum of 2) Designations less than $50 and/or with incomplete contact information will be directed to the Community Impact Fund. United Way will not be able to track results or outcomes of your designated gift.

% OF GIFT TOWARDS DESIGNATION: _____

Name and Address of Designated Agency:

_____

_____

_____

_____

PLEASE SIGN YOUR NAME

Signature _____ Date _____

CH746 A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION OF UNITED WAY OF ESCAMBIA COUNTY, PRINCIPALLY LOCATED IN FLORIDA, MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, 1-800-435-7352 OR VISITING WWW.FLORIDACONSUMERHELP.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. NO GOODS OR SERVICES WERE PROVIDED TO YOU IN EXCHANGE FOR YOUR CONTRIBUTION.