

UNITED WAY OF THURSTON COUNTY

Pledge Form



United Way of
Thurston County

My Information

Please print clearly and firmly. Your personal information is kept confidential.

Prefix	First Name	MI	Last Name	Preferred Pronoun	Date of Birth
Home Address (for credit card charges, address listed must be billing address)					Apartment #
City	State	ZIP	Home Phone	Cell Phone	
Company Name			Work Phone	Extension	
Personal E-mail Address			Work E-mail Address		
Signature (required)					Date

- I want to learn more about volunteer opportunities with United Way.
- I would like information about Planned Giving at United Way.
- I am retiring and would like information about staying engaged.
- I want my gift to remain anonymous in all recognition materials.
- Please combine my gift with my spouse, name: _____
Spouse/Significant Other's Employer: _____
List my/our name(s) as follows: _____

My United Way Investment

Choose one or more of these giving options.

- I want to support the **Community Care Fund** with my gift.
The Community Care Fund is the best way to make the greatest difference in our community. Community volunteers spend hours reviewing agency financials and results, as well as visiting service locations to recommend how to best allocate funds. Dollars from the Community Care Fund support agency programs that improve health, education and financial stability, as well as support immediate needs in our community.

Payment Options

Choose one of the following payment options.

- Easy Payroll Deduction**
\$ _____ x _____ = \$ _____
Gift per pay period Pay periods per year (12, 24, 26, 52) My total annual gift
- A Direct Gift of \$** _____
 - Cash (enclosed)
 - Personal Check (enclosed)
 - Credit Card/Debit

Retiring Soon?

 Yes. I'd like more information about the **Retired & Senior Volunteer Program (RSVP)**.

Restrict My Gift

Gift restriction is offered as an optional service. The most effective way to help the community is by giving to the UW Community Care Fund.

- Designate to a specific 501(c)(3) agency \$ _____ (\$100 or more)
Only 501(c)(3) health and human services agencies are eligible. Due to processing costs, designations must be a \$100 annual gift or greater. Designations not meeting requirements will be automatically directed to the Community Care Fund.

Agency Name (required)	Agency Address (required)	Agency City/State/ZIP (required)
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Thank you for investing in United Way of Thurston County!

Please carefully check the accuracy of all of your entries. Return the white copy to United Way. Give your employer the yellow copy. Keep the pink copy for your records.