

2011 UNITED WAY OF FRESNO COUNTY PLEDGE FORM



Give. Advocate. Volunteer. LIVE UNITED™

1 PERSONAL INFORMATION

EMPLOYEE ID #: _____

MR/MRS/MS/DR FIRST NAME MI LAST NAME

HOME ADDRESS (for credit card charges, address listed above must be your billing address) CITY

STATE ZIP HOME PHONE DAYTIME PHONE

DEPARTMENT/DIVISION

Please provide your home email address so we can show you how your contribution is making a difference and providing opportunities to GIVE. ADVOCATE. VOLUNTEER.

2 PLEASE INDICATE HOW MUCH YOU WISH TO CONTRIBUTE

PAYROLL GIFT

I want to contribute the following amount each pay period:

\$50 \$25 \$10 \$5

OTHER \$ _____

Dollar amt. x 26 =

My total annual gift: \$ _____

For your convenience your gift will roll over the following year unless otherwise specified.

LEADERSHIP GIVING

My gift, either alone or in combination with another in my household, qualifies me as a member of the Leadership Society.

\$500 YLS \$1000 Pillar \$10,000 Tocqueville Society

My gift is combined with that of:

Please list me/us in printed material as:
Name(s): _____

Company(ies): _____

I prefer that my gift remain anonymous.

ONE TIME GIFT

AMOUNT \$ _____

One time gift to be paid by:

Cash
 Personal Check (enclosed/attached)

Securities
(Please call 559.243.3660 when you are ready to transfer funds.)

Credit Card
American Express/Visa/MasterCard/Discover

Expires (Mo/Yr) _____

Card Security Code _____

3 YOU MAY DIRECT YOUR GIFT IN ONE OR MORE OF THE FOLLOWING WAYS:

1. **Community Impact Fund (General Fund)**
When you choose the UWFC Community Impact Fund, your gift will support the widest range of services to help people in our community.

2. **Designated Organization**
You may choose to give to any 501(c)(3) (\$25.00 minimum annual gift per agency)
Organization _____
Address _____
City, State, Zip _____

3. **Education** - Helping children and youth reach their full potential.

4. **Income** - Financial stability and independence for individuals and families.

5. **Health** - Accessing resources to gain and sustain good health.

You can find the list of Community Partners by checking out WWW.unitedwayfresno.org

I wish to be contacted for volunteer opportunities

Signature (Please sign to authorize your gift): _____

Thank you for your gift to United Way. No goods or services were provided in exchange for this contribution. Please keep a copy for your records.