

WORKPLACE PLEDGE FORM



United Way
of Stanislaus County

1 Thank you for investing in your community by giving to United Way

FIRST NAME	M.I.	LAST NAME	
HOME ADDRESS	CITY	STATE	ZIP
EMPLOYER	EMPLOYEE ID#	EMAIL ADDRESS	
SIGNATURE		DATE	

DO YOU WISH TO KEEP YOUR GIFT CONFIDENTIAL?

YES NO

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Choose how you want to give

GIVE FOR THE COMMON GOOD

Give to United Way of Stanislaus County

Join us as we align our efforts with Focus on Prevention, a county-wide movement to improve the quality of life of all Stanislaus County residents and families.

Your gift will help us achieve the following goals

- Provide services so that all residents can permanently escape homelessness.
- Ensure our children get a first-rate education from cradle to career.
- Strengthen the lives of individuals and families by supporting people directly affected by those involved in the criminal justice system and reducing recidivism.
- Join the power and resources of neighborhoods, communities and non-profits to most efficiently serve and help families thrive.

DESIGNATE YOUR GIFT

(Fill in below to give to the non-profit of your choice)

Other

Amount \$ _____ (Minimum \$50)

Agency Name _____

(Must be directed to a 501(c)(3) charitable organization)

Agency Address _____

Designated donations require a pledge form to be filled out annually. Please be aware that the agency which you have designated will be notified of your gift and could contact you. Agencies are paid out quarterly by United Way.

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It's easy to give Select continuous giving or make a one-time gift

CONTINUOUS GIVING: EASY PAYROLL DEDUCTION

I want to give this amount each pay period

\$50 \$25 \$10 \$5 \$2 Other _____

I am paid (check one)

Weekly (52 pay periods) Twice per month (24 pay periods)
 Bi-weekly (26 pay periods) Once per month (12 pay periods)

MAKE A ONE-TIME GIFT

I want to give a one-time gift of (Mark a gift amount and method of giving below)

\$50 \$25 \$10 \$5 Other _____

One-Time Payroll Deduction

Please deduct my one-time gift from my workplace payroll.

Bill Me (Address required above)

United Way will mail an invoice to the address provided on this form.

Check # _____

Please make check payable to United Way of Stanislaus County

Cash

Please fill out this form and give cash to your workplace coordinator.

Give Now- Online or Mobile

• Text **GIVEUNITED** to **51555** and click the link to donate

• Go to www.uwaystan.org and click **DONATE** at the top of the page

CREDIT CARD GIVING (ONE-TIME OR ONGOING)

Please bill my credit card

One Time Gift \$ _____ OR Monthly Gift \$ _____

Card # _____

Expiration _____