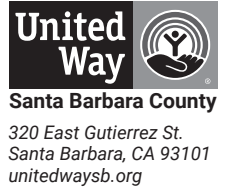


2018 PLEDGE FORM

UNITED WAY OF SANTA BARBARA COUNTY



1. CONTACT INFORMATION

<small>MR / MRS / MS (Circle One)</small>	<small>FIRST NAME (required)</small>	<small>MIDDLE</small>	<small>LAST (required)</small>	<small>SUFFIX</small>
<small>EMPLOYER</small>		<small>DEPARTMENT</small>		<small>WORK PHONE</small>
<small>HOME ADDRESS (required)</small>				<small>CELL PHONE</small>
<small>CITY (required)</small>		<small>STATE (required)</small>	<small>ZIP (required)</small>	<small>BIRTHDAY / /</small>
<small>PERSONAL EMAIL</small>			<small>WORK EMAIL</small>	
<input type="checkbox"/> Combine my gift with my spouse/partner <small>Spouse/Partner Name: _____</small> <small>Spouse/Partner Employer: _____</small>			FOR PUBLIC RECOGNITION <input type="checkbox"/> Recognition Name(s): _____ <small>(i.e. Mr. and Mrs. Sample)</small> <input type="checkbox"/> I prefer that my gift remain anonymous	
<small>I'm interested in:</small> <input type="checkbox"/> Joining Women United (annual contribution of \$1,500+) <input type="checkbox"/> Joining Young Leaders Society (under 45, annual contribution of \$300+) <input type="checkbox"/> Learning about volunteer opportunities			<small>I'm planning for the future:</small> <input type="checkbox"/> I plan to retire on ____ / ____ / ____ <input type="checkbox"/> I want to learn more about endowment/gift planning	

2. ANNUAL PLEDGE

PAYROLL DEDUCTION

A. Number of pay periods: _____

B. Amount per pay period:

\$100
 \$50
 \$25
 \$10
 Other \$ _____

(AxB) = TOTAL ANNUAL PLEDGE
\$

Automatically continue my payroll pledge (continuous pledges renew annually unless changed or cancelled)

Already a donor? Use these quick renewal options:

Increase previous year annual pledge *per pay period* by:
 \$10 \$5 Other \$ _____

Maintain previous year annual pledge

OR

PAY NOW

Attach cash* \$

Attach check (payable to United Way)* \$

Charge credit/debit card*

A. Payment frequency:

Monthly (12)
 Quarterly (4)
 One Time

B. Payment amount: \$ _____ \$

(AxB) = TOTAL ANNUAL PLEDGE

Card Number: _____

Expiry: ____ / ____ Billing Start Date: ____ / ____ / ____

*If giving via card, cash, or check, please submit your pledge form in a **sealed envelope**. Cards will not be charged until United Way receives pledge form.

3. SIGNATURE

DATE

THE POWER OF YOUR DONATION

LIVE UNITED

Together, we are building a better future for everyone in Santa Barbara County.
What you spend on a weekly basis can be used to make a big annual impact in our community!

WEEKLY SPEND

ANNUAL IMPACT



\$5
cup of coffee

OR



4 CHILDREN
receive a free book every month



\$10
dry cleaning

OR



1 STUDENT
uses Power Reading tools in school



\$20
movie tickets

OR



2 PRE-SCHOOLERS
attend Kindergarten Success Institutes



\$25
dinner out

OR



250 FAMILIES
receive free income tax assistance



\$30
online purchase

OR



1 CHILD
receives a Fun in the Sun scholarship

OPTIONAL: I would like to FOCUS my gift where the need is greatest in Santa Barbara County

OR **CHOOSE ONE** of the following designation options:

- United for Literacy: Help children and youth learn to read and achieve education success (Code 733)
- United for Health: Help improve health and increase coverage and prevention services (Code 732)
- United for Financial Empowerment: Help promote financial stability and independence (Code 739)
- Give to another geographic area or 501(c)(3) nonprofit organization (**\$115 annual pledge minimum**)

Please provide the following information:

Organization Name: _____

Address: _____

City, State, Zip: _____

To learn about our designation policy, visit unitedwaysb.org/campaign-toolkit.

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2, or other employer document showing the amount withheld and paid. Consult your tax advisor for more information.