

THANKS FOR WHAT YOU DO TO LIVE UNITED



IN GADSDEN COUNTY



1 My Information

Mr. _____
 Mrs. _____
 Ms. FIRST NAME _____ M.I. _____ LAST NAME _____

HOME EMAIL ADDRESS (GO GREEN – help reduce postage and paper) _____ HOME PHONE _____ WORK EMAIL ADDRESS _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMPLOYER _____ DIVISION/DEPARTMENT _____ WORK PHONE _____ EMPLOYEE ID NUMBER _____

2 My Contribution

EASY PAYROLL DEDUCTION – the simplest way to give

- | | |
|---|---|
| A. My pledge per pay period | B. Number of pay periods |
| <input type="checkbox"/> \$50 <input type="checkbox"/> \$35 | <input type="checkbox"/> Weekly (52) |
| <input type="checkbox"/> \$25 <input type="checkbox"/> \$15 | <input type="checkbox"/> Biweekly (26) |
| <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 | <input type="checkbox"/> Semimonthly (24) |
| <input type="checkbox"/> Other \$ _____ | <input type="checkbox"/> Other _____ |

OTHER EASY WAYS TO GIVE

My pledge of \$ _____ to be paid as follows:

- Cash
 Check
 Credit Card
- CREDIT CARD NUMBER _____ / 3- or 4-digit SECURITY CODE _____ EXPIRATION MO/YR _____
- By quarterly billing to my home address (\$60 annual minimum)

Total payroll deduction is A x B = \$

- I am a Longtime Contributor! Giving since _____ to United Way.
 Should your gift be combined with your spouse as a Leadership Gift of \$1,000 or more? If yes, please print spouse's name and employer.
 Spouse's Name _____ Spouse's Employer _____

3 My Investment

PLEASE CHOOSE ONE OPTION FOR HOW YOU WANT TO INVEST YOUR GIFT

- (option A) GADSDEN COUNTY COMMUNITY CARE FUND** – the best way to help local people! Make the most of your gift by choosing the Community Care Fund. Your gift is carefully invested by trained Community Investment Team volunteers who pinpoint the short- and long-term needs of our community. You'll join thousands of others who want to make the greatest impact possible.
- I'm interested in volunteering on a Community Investment Team*

- (option B)** Designate my gift to this UWBB Agency: _____
- UWBB's policy is to keep your identity 100% confidential unless, by checking this box, you direct us to inform the agency.
- (option C)** Designate my gift to one of these counties:
- Franklin Jefferson Liberty Wakulla
 Taylor Leon Madison

X _____
 SIGNATURE _____ DATE _____



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To comply with new IRS regulations, if you choose to contribute by payroll deduction, you must retain a copy of this pledge form in addition to your pay stub or W-2 Form to document your gift to UWBB, FIN #59-6011150. No goods or services have been given, in whole or part, for this contribution. Giving is a personal decision. United Way of the Big Bend has a strong policy against coercion. Whether a person gives to UWBB and how much the person chooses to give is up to the individual. Giving voluntarily is fundamental to the United Way concept. "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. (1-800-435-7352). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE." "UNITED WAY OF THE BIG BEND RECEIVES 100 PERCENT OF YOUR CONTRIBUTION AND RETAINS OR DISTRIBUTES IT AS YOU DIRECT." REGISTRATION # CH583