United Way of the Big Bend

UNITED WE FIGHT. UNITED WE WIN.

1 MY INFORMATION
Your personal information is kept confidential and will not be sold or shared at any time.

❑ Mr. ❑ Mrs. ❑ Ms. FIRST NAME | M.I. | LAST NAME

SPOUSE'S NAME | PREFERRED NAME OR NICKNAME | DATE OF BIRTH

HOME ADDRESS | HOME OR CELL PHONE

CITY | STATE | ZIP CODE

HOME EMAIL ADDRESS | WORK EMAIL ADDRESS

EMPLOYER | JOB TITLE | WORK PHONE

2 MY INVESTMENT IN MY COMMUNITY
Please select method of payment.

❑ **PAYROLL DEDUCTION** $_____ per pay period X # _____ pay periods = $

❑ **New Continuous Giver** – Automatically renewed each year

❑ **PAYMENT ENCLOSED** ❑ **Check** (payable to United Way of the Big Bend) ❑ **Cash** $

❑ **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 ANNUAL GIFT = $

3 RECOGNITION
My contribution qualifies me for the following: *(check all that apply)*

❑ I am a **Loyal Contributor!** *(I have contributed to a United Way for 10 years or more).* Giving to United Way since _____ *Year*

❑ I am a **Leadership Giver** of $1,000 or more individually or by total including spouse's gift.

Spouse's Name _____ Spouse's Employer_____

For recognition, please list my/our name(s) as follows _____

Please note that leadership giving is personal giving. Corporate gifts are not recognized as leadership gifts unless the company is wholly owned by an individual.

❑ **LEADERSHIP SOCIETY ($1,000 - $4,999)**

❑ **COMMUNITY SOCIETY ($5,000 - $9,999)**
This society enables UWBB to recognize donors in the Big Bend who are willing to move to a major-gift level and make extraordinarily generous contributions to their community.

❑ **TOCQUEVILLE SOCIETY ($10,000 or more)**
A national society established to recognize the understanding, commitment and support of United Way's most generous and community-minded investors. This is UWBB's most prestigious group of local philanthropists.

❑ **RETIRING**
Contact me to continue my annual gift.

❑ **ENDOWMENT**
I want to make/ have made an endowment gift.

❑ **ESTATE PLANNING**
I included United Way of the Big Bend in my will or Estate Plan.

❑ I wish to remain anonymous.

4 AUTHORIZATION
If you would like to direct your donation, please complete Section 5.

SIGNATURE REQUIRED_____ **Date**_____

5 MY IMPACT

I WOULD LIKE MY GIFT TO SUPPORT:

OPTION A: Community Impact Fund
❑ Allow volunteers to distribute funds to meet the most critical needs

OPTION B: 5 Community Outcomes

❑ **Housing***
Increase access to dependable housing, sustainable utilities, and safe local neighborhoods

❑ **Early Learning***
Increase family access to steady, affordable, and quality child care and education

❑ **Safety Net***
Provide consistent safety net services during times of financial stress to both families and seniors

❑ **Health and Mental Health***
Provide affordable health and mental health resources

❑ **Skills Development***
Promote educational attainment and develop necessary skills to meet future employment needs and secure self-sustaining jobs

**Option B designations may be distributed via Option A in instances where there isn't a program for the selected designation.*

6 COUNTIES SERVED

I WOULD LIKE MY GIFT TO SUPPORT:

❑ Franklin ❑ Leon ❑ Taylor
❑ Gadsden ❑ Liberty ❑ Wakulla
❑ Jefferson ❑ Madison

7 VOLUNTEERING

I'm interested in learning more about:

❑ *ReadingPals*
❑ *MathPals*
❑ *Volunteer Income Tax Assistance*

8 GET INVOLVED

I'm interested in learning more about:

❑ *Women United*
❑ *Young Leaders Society*

TOGETHER WE DO MORE!

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

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