REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™

United Way of Kern County

United Way Pledge Form

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

HOME ADDRESS *(For credit card charges, address listed must be your billing address.)* | CITY

STATE | ZIP | HOME PHONE | DAYTIME PHONE

COMPANY NAME | EMPLOYEE ID

I've been supporting United Way for 10 years or longer.

❑ **Register me for the United Way of Kern County *Loyal Contributors Program***
I have been contributing to (any) United Way for _____ years.

Want to see how your contribution is making a difference? Please provide your personal email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

PERSONAL EMAIL ADDRESS *

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

❑ **EASY PAYROLL DEDUCTION**
My total annual gift

AMOUNT $

A. *I want to contribute the following amount each pay period:*
❍ $50 ❍ $25 ❍ $10 ❍ $5

Other $

B. *I pledge* % *of my salary, for a total gift of $*

❑ **DIRECT GIFT**

AMOUNT $

Direct gift to be paid by:

❍ Cash
❍ Personal check (enclosed)
❍ Credit Card

I have made my credit card payment online at www.uwkern.org. My online confirmation or order ID number is:

❍ Please make this a recurring charge to my credit card on the ____ day of the month.

❑ **MY GIFT OF $500 OR MORE** *qualifies me for membership in the Leadership Giving Society.*

❑ **MY GIFT OF $1,000 OR MORE** *qualifies me for membership in the Women's Leadership Council. Please send me more information.*

❑ **EMERGING LEADERS** *I am age 40 or under, therefore my leadership gift of* **$500 OR MORE** *qualifies me for a membership in the United Way of Kern County Emerging Leaders.*

My birth date is:

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

option A

❑ **INFLUENCE THE CONDITION OF ALL. United Way Community Impact Fund.**
The most powerful way to invest your contribution.

AMOUNT $

option B

❑ **EDUCATION** Helping children and youth achieve their potential through education
- Improving school readiness
- Improving 3rd grade reading achievement
- Helping foster youth succeed

AMOUNT $

❑ **INCOME** Helping families become financially stable and independent
- Improving financial literacy
- Increasing income capability
- Building savings and assets
- Reducing homelessness
- Reducing food insecurity

AMOUNT $

❑ **HEALTH** Improving People's Health
- Increasing access to health care
- Increasing health education and promoting healthy lifestyles

AMOUNT $

option C

❑ **Designated Contribution**

AMOUNT $

AGENCY NAME, ADDRESS AND PHONE NUMBER (REQUIRED)

Only Health & Human Service agencies with nonprofit status are eligible for designations and a minimum donation of $100 is required. Designations are in effect for one year only and must be renewed annually. Designations that do not meet these criteria will be directed to the Community Impact Fund. All designated gifts, other than one time cash designations, are subject to a 17% cost recovery fee.

Signature | Date

Please check the accuracy of all your entries.
Thanks for investing in United Way of Kern County.

❑ Check here if you prefer for your to gift remain anonymous.

Thank you for your contribution. No goods or services were provided in exchange for this contribution. Your contribution is tax deductible as allowed by law. Federal ID# 95-2274560. 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 to a charitable organization.

United Way of Kern County • 5405 Stockdale Hwy, Suite 200 • Bakersfield, CA 93309 • 661.834.1820 • info@uwkern.org • www.uwkern.org