

# 2017-2018 Campaign Pledge Form

United Way of  
Northern California



## Donor Information:

Company Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Payroll Deduction and Other Donations:

I authorize my employer to deduct the following amount each pay period: (circle amount desired)

**\$5**   **\$10**   **\$15**   **\$20**   Other Amount \$ \_\_\_\_\_ *(Become a Leadership Giver at \$10 per week)*

OR I am enclosing a one-time gift of: Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Check# \_\_\_\_\_

### \*Designations (Optional):

If you would like to donate a portion of your contribution directly to **2-1-1**, the 24-hour help line; please indicate the amount here: \$ \_\_\_\_\_

If you would like to donate a portion of your contribution directly to the **Prosperity Initiative**, which focuses on youth programs and family financial stability, please indicate the amount here: \$ \_\_\_\_\_

### Authorization:

By signing below, you authorize to make your payroll deduction as assigned above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please note that your donation is tax deductible, although this form does not represent a receipt of funds.*

### Giving Is Easy

1. Choose how much you would like to donate.
2. Choose where you would like your donation to go:  
Undesignated donations benefit all 22 of our partner agencies;  
OR  
Choose to designate to our 2-1-1 or the Prosperity Initiative; OR  
Designate to any 501©3 non-profit of your choice in the North State Region.
3. Turn this pledge form in to your campaign coordinator.
4. Sit back and enjoy knowing that with each paycheck, you are helping people right here in your community!

### \*Designated Agency Contribution:

By leaving this section blank, your donation will go to benefit all of the agencies supported by UWNC, who focus on proactive solutions for the Northern California Region. If you prefer for your donation to go to a specific agency, you may designate a portion here:

\$ \_\_\_\_\_

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip Code