

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

DEPARTMENT/SCHOOL JOB TITLE WORK PHONE

2

## MY INVESTMENT IN MY COMMUNITY

Please select method of payment.

☐ PAYROLL DEDUCTION \$ \_\_\_\_\_ per pay period ☒ # 9 pay periods = \$ \_\_\_\_\_

☐ New Continuous Giver – Automatically renewed each year for 10 pay periods, instead of 9.

☐ 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) ☐ TOCQUEVILLE SOCIETY (\$10,000 or more)

☐ 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.

☐ RETIRING ☐ ENDOWMENT ☐ ESTATE PLANNING

Contact me to continue my annual gift. I want to make/ have made an endowment gift. 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 \_\_\_\_\_

# 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 for document your gift. (UWBB: Tel 850-601-1150. 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 is up to the individual. Giving voluntarily is fundamental to the United Way concept. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL STATEMENT 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 #CWS02

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

## COMBINED CHARITIES

Local Independent Agency Approved by LCS

☐ Foundation for Leon County Schools  
☐ Lee's Place  
☐ Sickle Cell  
☐ St. Francis Wildlife  
☐ Tallahassee Museum  
☐ United Negro College Fund

8

## GET INVOLVED

I'm interested in learning more about:

☐ Women United  
☐ Emerging Leaders United  
☐ Volunteer Income Tax Assistance

United Way of the Big Bend  
307 East Seventh Avenue  
Tallahassee, FL 32303  
telephone 850-414-0844  
fax 850-414-0852

UWBB.ORG