United Way of West Florida

PLEDGE FORM

It takes the whole community working together to bring about lasting change. Your gift matters and can be the one that makes a difference in the life of a colleague, friend, or neighbor.





Visit uwwf.org/donate or scan the gr-code to make a one-time or monthly gift by credit or debit card.



TEXT 2 DONATE

Text UWWF to 44321. *message and data rates may apply*

If applicable, fill out this pledge form and return it to your Campaign Coordinator. If appropriate, please include your cash or check donation.

uwwf.ora











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To reduce cost & waste we would like to use email as our main form of communication. Personal email is preferred so we can stay in touch even if you change jobs or retire.

INFUKIM	ATTUN Your privacy	& confidentiality are im	portant to us. We neve	er share your information.
City State 2 Phone - Cell Employer: Email: Option Household Gift Spouse/Partne	Home:	Race:	Work:	irthday:
2> YOUR D		deductions, please cor our Campaign Captain.		PLEDGE AMOUNT:
(A) I authorize \$	UCTION (please completed by the complete	e O	PLEASE CONTACT N I would like to me currency like bito RETIRED UNITED I like more information	to UWWF. Check number:
3 DECOME		de your full contact info clusive events and activ		eceive recognition and invitations
Young profession collaborative act volunteerism, and development.(\$3	nals taking ion in philanthropy, d leadership	WOMEN UNITED: A powerful network of and passionate wome lifting families out of p community. (\$500+ and	n focused on poverty in our	DIAMOND DONOR: Diamond Donors are loyal supporters who have contributed to United Way of West Florida for 25 years or more.
4> PLEASE	SIGN YOUR NAME	O I wou	ld like to remain a	anonymous.
Signature			Date	
Any designations that results or outcomes % of gift towards des Please make a copy and financial stability.	of your designated gift. signation: Name/Ad of your completed pledge	olds will be directed to the ddress of Designated Ag form for your records. Y unity. Donations are mo	he Community Impact f gency:	0 per designation. und. UWWF will not be able to track ion supports the health, education, rograms are effective, meet current
LOCATED IN FLORIDA, 7352 OR VISITING W	MAY BE OBTAINED FROI WW.FLORIDACONSUMERH	M THE DIVISION OF C HELP.COM. REGISTRAT	ONSUMER SERVICES ON DOES NOT IMP	VAY OF WEST FLORIDA, PRINCIPALLY BY CALLING TOLL-FREE, 1-800-435- LY ENDORSEMENT, APPROVAL, OR CHANGE FOR YOUR CONTRIBUTION.

7	INFORMATION To reduce cost a waste we would like to use entail as our main form of communication. Personal email is preferred so we can stay in touch even if you change jobs or retire. Your privacy & confidentiality are important to us. We never share your information.			
	Name:			
	Home Address:			
	City State Zip:			
	Phone - Cell Home: Work:			
	Employer:			
	Email:			
	Optional- Gender: Race: Birthday:			
Household Gifts and Recognition:				
	Spouse/Partner's Name & Employer:			
	List your name(s) as you would like to be recognized, if different than above:			
2	YOUR DONATION For payroll deductions, please complete this form and submit to your Campaign Captain. PLEDGE AMOUNT:			
1	PAYROLL DEDUCTION (please complete A - C) ONE-TIME GIFT Enclose cash/check Make checks payable to UWWF. Check number:			
	(A) I authorize my employer to deduct			
	\$ per pay period PLEASE CONTACT ME I would like to make my gift by stock, virtual			
	currency like bitcoin, or other payment			
	(C) My total gift is (AxB) \$ RETIRED UNITED I plan to retire soon and would			
1	CREDIT CARD Visit uwwf.org/donate like more information on Retired United.			
1	○ VENMO/PAYPAL/ETC Visit uwwf.org/give ○ No, thank you. I choose not to give at this time.			
3	BECOME A LEADER Provide your full contact information so you can receive recognition and invitations to exclusive events and activities.			
	EMERGING LEADERS: WOMEN UNITED: DIAMOND DONOR:			
	Young professionals taking Collaborative action in philanthropy, and passionate women focused on Supporters who have contributed to			
	volunteerism, and leadership lifting families out of poverty in our development. (\$365+ annual gift) community. (\$500+ annual gift) years or more.			
	your or more			
11	DI FACE CICN VAIID NAME			

4	PLEASE SIGN YO	IIR NAM
	T LLAGE SIGN TO	OK NAM

Signature	Date
	rimum of (2) agencies, with a minimum of \$50 per designation.

Any designations that do not meet these thresholds will be directed to the Community Impact fund. UWWF will not be able to track

results or outcomes of your designated gift.

% of gift towards designation: _____ Name/Address of Designated Agency:__

Please make a copy of your completed pledge form for your records. Your unrestricted donation supports the health, education, and financial stability of residents in our community. Donations are monitored to ensure the programs are effective, meet current community needs, are financially stable, and sustainable.

CH746 A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION OF UNITED WAY OF WEST FLORIDA, PRINCIPALLY LOCATED IN FLORIDA, MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, 1-800-435-7352 OR VISITING WWW.FLORIDACONSUMERHELP.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. NO GOODS OR SERVICES WERE PROVIDED TO YOU IN EXCHANGE FOR YOUR CONTRIBUTION.