

## Step 1: Contact Information (please print)

All information you provide will be kept confidential.

Dr.  Mr.  Mrs.  Ms.  Male  Female Birth Date \_\_\_\_\_ (MM/DD/YY)

Name \_\_\_\_\_

Employer \_\_\_\_\_ DATE \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

LOYAL CONTRIBUTOR? How many years? \_\_\_\_\_.  I am a member of a union

## Pledge Form

United Way  
of Bucks County



## Step 2: How to give

Gifts over \$2 per week (\$104), \$4 per week (\$208) & \$6 per week (\$312) are entered to win great raffle prizes.

Visit [www.uwbucks.org/raffle](http://www.uwbucks.org/raffle), or ask your coordinator for more information.

check here to opt out of raffle entry

**Payroll Deduction:** The easiest way to give. For just a few dollars per pay, you will be helping to change and save lives right here in Bucks County.

Please deduct the following per pay period:

\$30  \$20  \$15  \$10  \$5  \$\_\_\_\_\_ x \_\_\_\_\_ Pay Periods =

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

Pay Period Schedule: Weekly = 52 Every other week = 26 Twice per month = 24 Monthly = 12

Total Annual Gift

## One-Time Gift:

I would prefer to make a one time contribution in the amount of:

\$1000 (Leadership Level)  \$500  \$250  \$100  \$\_\_\_\_\_

This one-time gift will be payable by:

\_\_\_ Check (attach and return to company coordinator)

\_\_\_ Credit Card: # \_\_\_\_\_ exp. \_\_\_\_\_

\_\_\_ Stock (call 215.949.1660 ext 114 for more details)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please return this form to your company coordinator. For a record of this gift, please photocopy this form and/or use end of year W-2 or canceled check.

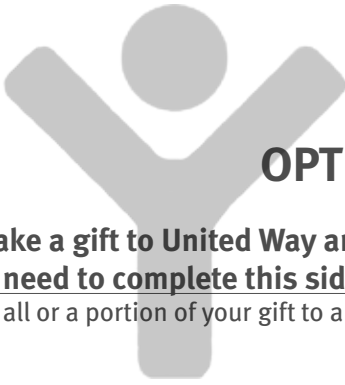
## A little bit about your local United Way:

United Way of Bucks County recognizes that you want to make a difference in your community, and we thank you for that. With your help, we continue to focus on the building blocks of a good life: **Education, Income, and Health**. When you partner with United Way, you help your friends, co-workers, and neighbors who need help and turn to our partner agencies for programs and services throughout the County. Thank You for Living United!

**LIVE UNITED™**

[www.uwbucks.org](http://www.uwbucks.org)

413 Hood Blvd, Fairless Hills, PA 19030  
(215) 949-1660



## OPTIONAL FORM FOR TARGETED GIFTS

To make a gift to United Way and more than 50 local programs addressing the most pressing needs, there is no need to complete this side of the pledge form. The options below only need to be filled out if you would like to target all or a portion of your gift to a particular area of interest or a specific organization.

Please enter your total annual gift as indicated on the front of this pledge form.

TOTAL ANNUAL GIFT \$ \_\_\_\_\_ (from front)

### OPTIONAL: How would you like to target your gift?

I would like to divide my gift in the following way



#### Community Impact Fund

Community volunteers and subject matter experts help decide how best to invest the Community Impact Fund. Assessments of the most pressing needs are included with other information to ensure gifts are being put to the best, most efficient use.

\$/% \_\_\_\_\_



#### Success by 6

Gifts targeted to this area will support the success of young children and address the quality, accessibility and affordability of childcare for poor and working families. SB6 works to ensure all children under 6 are prepared to succeed in school and life.

\$/% \_\_\_\_\_



#### Education

Quality Child Care Programs, Parenting Education, Summer Camp, Early Literacy Programs, Access to Healthcare, Prenatal Care, After School Programs, Scout Programs, and Senior Citizen Case Management

\$/% \_\_\_\_\_



#### Income

Counseling, Job Training, Mentoring, Coordination of Services, Literacy, Decision Making Skills, Job Coaching, Financial Literacy, GED Programs, and Affordable Housing

\$/% \_\_\_\_\_



#### Health

Coordination of Services, Access to Healthcare, Education and Awareness, Violence Prevention Education, HIV & Aids Case Management, and Child Abuse Prevention

\$/% \_\_\_\_\_

### Specific care\* (\$50 minimum annual gift)

I would like to direct my gift to a specific 501(c)(3) Human Service Organization: (i.e. Boy Scouts, American Red Cross, United Way of Burlington County, etc.)

\$/% \_\_\_\_\_

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

Agency Address \_\_\_\_\_

\* Gifts targeted to specific agencies or other United Ways require special handling. A processing fee of 12% for lump sum or 20% for payroll deduction gifts will be applied.

SIGNATURE \_\_\_\_\_