

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

# LIVE UNITED®



## United Way Pledge Form

TITLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

MAILING ADDRESS (For credit card charges, address listed must be your billing address.) \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

**INSTRUCTIONS:** Please electronically submit a copy of this form to United Way of Southeast Alaska. Remember to print a copy for your own personal records. If you have selected payroll deduction, please submit an additional copy of this form to your payroll office.

I would like to hear from United Way of Southeast Alaska about how my contribution is getting results.

I would like to receive the monthly e-newsletter from United Way of Southeast Alaska

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

HOME E-MAIL ADDRESS \_\_\_\_\_

### PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

**EASY PAYROLL DEDUCTION**

A. I want to contribute the following amount each pay period:

- \$50  \$25  \$10  \$5  \$1

OTHER AMOUNT \$ \_\_\_\_\_

B. Pay periods per year

- 12  24  26

TOTAL AMOUNT \$ \_\_\_\_\_

**DIRECT GIFT**

TOTAL AMOUNT \$ \_\_\_\_\_

Direct gift to be paid by:

- Cash  
 Personal check (enclosed)  
 Credit Card (Visa/Mastercard)

\_\_\_\_\_ exp. \_\_\_\_\_

\$ \_\_\_\_\_ per month or \$ \_\_\_\_\_ 1 time

**MY GIFT OF \$1000 OR MORE**

qualifies me for membership in the UWSEAK Leadership Giving Society. My name will be listed as it appears above unless change requested below.

TOTAL AMOUNT \$ \_\_\_\_\_

Please list my/our name(s) as follows:

.....  
 .....

I prefer that my gift remain anonymous.

### PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

*option A*

**INFLUENCE THE CONDITION OF ALL.** United Way of Southeast Alaska.

The most powerful way to invest your contribution.

TOTAL AMOUNT \$ \_\_\_\_\_

*option B*

**UNITED WAY COMMUNITY ACTION FUND.** All three or choose your passion

**EDUCATION** Helping children and youth achieve their potential through education

- Improving access to quality, affordable child-care and early learning opportunities
- Partnering with schools and parents to improve graduation rates
- Providing after-school and mentoring programs for at-risk youth

AMOUNT \$ \_\_\_\_\_

**INCOME** Helping families become financially stable and independent

- Supporting basic needs while increasing financial education
- Helping hardworking people obtain job training and family-sustaining wages
- Increased affordable housing for seniors and families

AMOUNT \$ \_\_\_\_\_

**HEALTH** Improving the health of our communities in Southeast Alaska

- Increased access to critical healthcare services for individuals in Southeast Alaska
- Reducing substance abuse, child abuse, and domestic violence
- Increasing health education and preventive care

AMOUNT \$ \_\_\_\_\_

*option C*

**RESTRICTED CONTRIBUTION**

Select a maximum of 3 partner agencies  
 Minimum \$5 per transaction

TOTAL AMOUNT \$ \_\_\_\_\_

Agency Code	Name of Agency	Donation Amount
		\$
		\$
		\$

Signature \_\_\_\_\_ Date \_\_\_\_\_ Please check the accuracy of all your entries.  
 Thanks for investing in your United Way.

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. 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. Consult with your tax advisor for more information. Please feel free to contact us with any questions or for further information at: 907-463-5530; 3225 Hospital Dr #106, Juneau, AK 99801; www.unitedwayseak.org.