

Workplace Campaign Pledge Form



Step 1: Provide your contact information

United Way of Santa Cruz County only uses contact information to process donations and let you know how your investment is helping Santa

I wish to remain anonymous in publications.

Yes, I would like to sign up for UW's newsletter.

Mr./Mrs./Ms./Dr. First Name M.I. Last Name Recognition Name (if different)

Home Address Apt. City State Zip

Preferred Telephone: Home Cell Work Preferred Email: Personal Work

Company Name

Emerging Leaders

I am an early-mid career professional & would like to connect with United Way and it's impact.

-Yearly contribution of \$100 or above

Women in Philanthropy

My contribution of \$1000 or more specifically supports Women in Philanthropy strategic programs.

Leadership Giving Circle

I gave \$1,000.00 or more to United Way of Santa Cruz County

Step 2: Direct how to invest your gift

Invest in Our Mission

We ignite our community to give, advocate and volunteer so that our youth succeed in school and life, our residents are healthy, and our families are financially independent. **Your gift will support:**

HEALTHY COMMUNITY

Improving health and well-being for all

YOUTH OPPORTUNITY

Helping young people realize their full potential

FINANCIAL SECURITY

Building financial stability and strength

COMMUNITY RESILIENCY

Addressing urgent needs today for a better tomorrow

Designated Gift Organization must be 501 (c)(3) nonprofit. A minimum \$100.00 contribution per agency s required for this option. Processing fee: 15%

Agency name and complete address _____ \$ _____
Amount

Step 3: Please select payroll deduction or direct gift

TOTAL GIFT AMOUNT \$

EASY PAYROLL DEDUCTION

X _____ = \$ _____

Amount per # of pay periods
pay period per year: \$ _____

CHECK Check # _____

Payable to United Way of Santa Cruz County

CASH

Credit Card expiration date: _____ CVV: _____

Visit us online at unitedwaysc.org

SIGNATURE

DATE

The United Way Santa Cruz County is a nonprofit organization as defined by section 501(c)(3) of Internal Revenue Service Code, Tax ID 94-1422471. 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 your tax