

WORKPLACE PLEDGE FORM



1

MY INFORMATION

Name _____

Company/Dept/EmpID _____

Please provide your current contact information.

Home Address _____

City _____ State _____ Zip _____

Personal Phone _____ Work Phone _____

Personal Email _____ Work Email _____

Please consider being part of the Leadership Giving Society (\$500 minimum and can be a combined gift).

Spouse/Partner Name _____ Spouse/Partner Employer _____

List recognition as _____ I prefer my gift to remain anonymous.

By sharing your contact information we can thank you and let you know how your donation is changing lives and strengthening our community. We value privacy. All information collected is used for internal purposes only and will not be disclosed or sold to a third party.

2

MY CONTRIBUTION

Easy Payroll Deduction

I will contribute the following amount each pay period until changed or revoked by me.

\$5 \$10 \$15 \$21 \$42

Amount Per Pay Period \$ _____

I am paid

Weekly (52) Bi-Weekly (26)

Bi-Monthly (24) Other _____

Total Annual Gift \$ _____

Gift Enclosed

Cash

Check

Make checks payable to: United Way of Brevard

Credit Card

I have made a gift online at uwbrevard.org.
(Click the GIVE button.)

Total Gift \$ _____

Signature _____

Date _____

3

MY IMPACT

All gifts will be invested in the Community Care Fund (unless noted below).

If you wish to designate a portion of your gift, it must be \$130 or greater due to processing fees. Designations must be to a 501(c)(3) health and human service agency. If designation does not meet this requirement it will be redirected to the Community Care Fund.

Agency Name _____ Amount \$ _____

I wish to receive acknowledgment from the specified agency.

1100 Rockledge Blvd, Suite 300, Rockledge, FL 32955 | 321.631.2740 | uwbrevard.org



United Way of Brevard (Registration #CH14) provided no goods or services, in whole or in part, for this contribution. No professional solicitors were hired to raise these funds. A copy of the official registration and financial information may be obtained from the division of consumer services by calling toll free (800-435-7352) within the state. Registration does not imply endorsement, approval, or recommendation by the state.

Please make a copy of this form for your tax records.