

WORKPLACE PLEDGE FORM



1

My Information

Name: _____

Company/Dept: _____

Home Address: _____

Preferred Phone (_____) _____ - _____ Home Work Mobile

Home Email: _____ Work Email: _____

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 your privacy. All information collected is used for internal purposes only and will NOT be disclosed or sold to a third party.

2

My Contribution

My total annual gift is \$ _____

Payment Options:

Payroll Deduction *(I'll contribute the following gift each pay period until changed or revoked by me)*

\$3 \$5 \$10 \$15 \$21 \$42 Other _____

I'm paid every 2 weeks (26) monthly (12)

twice a month (24) weekly (52)

Cash/Check *(Payable to United Way of Brevard)*

Credit Card *(Make a secure credit card donation online at www.uwbrevard.org. Click the give button.)*

Signature **X** _____ Date _____

3

My Connections

Leadership Giving Society (\$500 minimum donation)

I wish to be recognized with the person listed below. Please combine our gifts for recognition.

Name _____ Employer _____

Please list any recognition as _____ I'd prefer not to have my name published

Diamond Donors (I've been giving to United Way for more than 25 years)

Emerging Leaders (Early to mid-career professionals giving \$500+)

Women United (Network of philanthropic women giving \$500+)

I'd also like to: **Volunteer** - *send me more information*

YOU ARE NOT REQUIRED TO COMPLETE THE SECTION BELOW UNLESS YOU WISH TO RESTRICT YOUR GIVING.

Due to processing costs, designations must be \$72 or greater. Designations not meeting requirements will be directed to the Community Care Fund.

Visit www.uwbrevard.org for designation policy information.

Community Care Fund The best way to make the greatest difference in our community. Supports the safety net services and United Way's direct work.

Volunteers review program performance and financials and then make recommendations for the allocation of Community Care Fund dollars to gain the greatest return for our community.

Targeted Impact Areas *(see brochure for more information)* Early Grade Reading Equity in Brevard Mission United

-or-

Specific Agency -- *Only 501 (c)(3) health & human services agencies are eligible.*

Agency Name: _____

Do you wish to receive an acknowledgment of your gift from the specified agency? Yes *(Please provide your information in section one)*

Please make a copy of this form for your tax records. 1100 Rockledge Blvd, Suite 300 • Rockledge, FL 32955 • 321.631.2740 • www.uwbrevard.org

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