

I WANT TO MAKE AN IMPACT TODAY!

YES! I pledge to strengthen my community by improving the lives of children and families in Benton & Franklin Counties.

Your support helps **bridge the gap** to improve local lives.



United Way of Benton & Franklin Counties

uwbfco.org | 401 N. Young St., Kennewick, WA 99336 | 509-783-4102

1 MY INFO

We use contact information to process gifts and occasionally tell you about your impact; we will not share it.

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERSONAL EMAIL _____ CELL PHONE _____ () _____ PREFERRED CONTACT METHOD Mail Email Phone

EMPLOYER _____ EMPLOYEE ID _____

Please tell us what name(s) to use to when we thank you in recognition materials: (Ex. John & Jane Smith)

I wish to remain anonymous. Please do not use my/our names for recognition purposes.

2 CONTRIBUTION OPTIONS

PAYROLL DEDUCTION

Donation per pay period: \$5 \$10 \$25
 \$50 \$100 Other _____

Pay periods per year: 12 (monthly) 24 (bi-monthly)
 26 (bi-weekly) Other _____

Total: \$ _____

CREDIT/DEBIT CARD

Visa Mastercard Discover AMEX

Card # _____ Expires _____ CVV _____

One Time Quarterly Monthly

Total: \$ _____

GIFT ENCLOSED

Please make checks payable to United Way of Benton & Franklin Counties.

Cash \$ _____

Check \$ _____ Check # _____

Total: \$ _____

BILL ME

One Time Quarterly Monthly

Mailed (address under "my info" section must be filled out)

Email to _____

Total: \$ _____



SIGNATURE _____ DATE _____
REQUIRED FOR AUTHORIZATION.

OPTIONAL You can choose to designate all or a portion of your pledge to a 501(c)(3) organization of your choice. We ensure each organization meets the Patriot Act and is in good standing with the IRS and State of Washington.

Please designate to the 501(c)(3) organization below. * Do not release my/our names to agency below.

* If you choose an organization that does not have current 501(c)(3) status, or if we have tried to contact you about your designation and are unable to reach you, your gift will default to our Community Impact Fund.

Agency Name _____ City _____ State _____ \$ _____

Tax Records Thank you for your donation. To support claiming charitable contributions, consult your tax advisor and keep a copy of this form. If your donation is made through payroll you will also need a copy of your paystub, W-2 or other employer document showing the amount withheld and paid to the charitable organization. No goods or services were provided in exchange for this contribution.

Form Distribution Donor: Please make a copy for your records and return original to your Campaign Coordinator. Campaign Coordinator: Please provide original to payroll before forwarding to United Way.