

I WANT TO MAKE A DIFFERENCE TODAY!

YES! I pledge to strengthen my community by improving the lives of children, families, and those in need in Benton and 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 ABOUT ME

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

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

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

EASY PAYROLL DEDUCTION

$$\$ \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

I Will Contribute Each Pay Period *Pay Periods Per Year* *My Total Annual Payroll Deduction Gift*

A) Gift amount per pay period:

\$300 \$100 \$52 (\$1 a week)

\$25 \$10 \$5 Other _____

B) Your pay periods per year:

12 (monthly) 24 (bi-monthly) 26 (bi-weekly)

52 (weekly) One time Other _____

OTHER OPTIONS

You may choose to donate using card, cash, or check instead of payroll deduction. Please make checks payable to United Way of Benton & Franklin Counties.

$$\$ \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Amount Per Payment *Giving Frequency* *My Total Annual Gift*

A) Amount /payment: \$ _____ Start date: _____

B) Giving frequency:

12 (monthly) 4 (quarterly) Annually One Time

Credit Card: # _____ Expiration: ____/____ Security Code: _____

Cash/Check: Check: # _____ Date: _____



SIGNATURE _____ DATE _____
REQUIRED FOR AUTHORIZATION.

THANK YOU FOR MAKING BENTON AND FRANKLIN COUNTIES BETTER FOR EVERYONE.

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.