

I WANT TO MAKE A DIFFERENCE TODAY!



United Way of
Benton & Franklin Counties

YES! I pledge to strengthen my community by improving the lives of children, families, and those in need in Benton & Franklin Counties, as we recover and rebuild after the COVID-19 pandemic.

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

EMPLOYER

EMPLOYEE ID NUMBER

SPOUSE/ PARTNER NAME

PERSONAL EMAIL

PERSONAL PHONE

YEAR OF BIRTH

I'm retiring:

MONTH/ YEAR

HOME ADDRESS

CITY

STATE

ZIP CODE

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

EXAMPLES OF THE POWER OF YOUR GIFT

\$1,000 Help a domestic violence survivor get into safe housing | \$500 Shelter a homeless youth for 6 months
\$250 Help an adult with disabilities get a job | \$100 Empower a victim of sex trafficking through therapy | \$50 Feed 20 people in need

EASY PAYROLL DEDUCTION

A) Gift amount per pay period: \$

B) Number of pay periods per year:

Common amounts:

\$500 | \$250 | \$100 | \$50 | \$25 | \$10 | \$5

Common selections:

12 (monthly) | 24 (bi-monthly) | 26 (bi-weekly)
52 (weekly) | 1 (one annual gift)

Total Annual Payroll
Deduction (A x B):

\$

OTHER GIVING OPTIONS

A) Select giving frequency:

B) Choose amount /payment:

Start Date:

\$

Total Annual Payment (A x B)
or cash/check total:

\$

☐ Credit Card # Exp. Security Code

☐ Cash/Check Check # Date

☐ Bill Me *If different than above, please provide billing address:

☐ Automatic Bank Withdrawal Routing # Account #

☐ Please make this a perpetual gift

Check here to make your credit, bank withdrawal, or billing ongoing, until you request otherwise.

Your **consistent support** minimizes fundraising costs and puts more money where it's needed most.

SIGNATURE

DATE

REQUIRED FOR AUTHORIZATION. Your donation is tax-deductible; please save or make a copy. No goods or services were provided in exchange for this contribution.

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

OPTIONAL

You can choose your preferred donation area(s) below. If no selection is made, it will be invested where it's needed most in our community.

☐ A I want to help my community recover from the effects of COVID-19. **Invest my donation where it is needed most— the areas of greatest need.**

☐ B Please distribute my donation as follows:



EDUCATION \$/YR



HEALTH \$/YR



FINANCIAL STABILITY \$/YR



BASIC NEEDS \$/YR

Helping kids succeed by educating parents, preparing children for school, and increasing graduation rates.

Increasing access to physical and mental health care, and supporting our vulnerable populations.

Building independence by providing support and training that leads people to financial stability.

Fighting to end hunger and homelessness, meet fundamental needs, and eliminate violence.

☐ C Please designate to the 501(c)(3) organizations below*.

Do not release my/our names to agency below.

*If we are unable to reach you, your gift will go to where it is needed most in our local community—our areas of greatest need.

Agency Name City State \$ Year

Agency Name City State \$ Year

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.

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