

# 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.

**United Is The Way** to  
improve local lives.



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

ARE YOU PLANNING TO RETIRE IN THE NEXT 12 MONTHS? ☐ Yes ☐ No ☐ Unsure

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 \_\_\_\_\_ CW \_\_\_\_\_

☐ 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 \_\_\_\_\_  
REQUIRED FOR AUTHORIZATION.

DATE \_\_\_\_\_

**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.