

PLEDGE FORM



United Way of the Blue Mountains

1 MY INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME		
MAILING ADDRESS- STREET		CITY	STATE	ZIP
EMAIL ADDRESS	PERSONAL PHONE		WORK PHONE	
EMPLOYER	YEARS AS A UW DONOR	D.O.B	<input type="radio"/> I AM RETIRING THIS YEAR PLEASE KEEP IN TOUCH	
PLEASE THANK ME VIA: <input type="radio"/> EMAIL		<input type="radio"/> MAIL	<input type="radio"/> PHONE	<input type="radio"/> I AM INTERESTED IN VOLUNTEERING

2 MY INVESTMENT

GIFT ENCLOSED
Please make checks payable to United Way of the Blue Mountains

EASY PAYROLL DEDUCTION

I want to contribute this amount each pay period:

\$ _____ X _____ = \$ _____
(gift per pay period) (pay periods per year) (total annual gift)

TOTAL GIFT: \$ _____ CASH CHECK CARD

NAME ON CARD: _____

CARD No: _____

EXP DATE: _____

PLEASE LINK MY GIFT TO MY SPOUSE/ PARTNER _____
First & Last Name

SIGNATURE TO AUTHORIZE PLEDGE: _____ Date: _____

3 MY IMPACT

I WANT TO GIVE TO THE **COMMUNITY FUND**, AND MAXIMIZE MY GIFT BY SUPPORTING ALL OF UNITED WAY'S WORK IN HEALTH, EDUCATION & FINANCIAL STABILITY

Umatilla & Morrow counties

Walla Walla & Columbia counties and the Milton Freewater area

UNITED WAY'S ADOPT A STUDENT PROGRAM
Support a middle school or high school student in our county.

OTHER AGENCY
Must be a qualified non-profit 501c3. Please provide full legal name and address.

SPLIT MY GIFT:
\$ _____ + _____ = \$ _____
(United Way programs) (Other agency)

SHARE MY INFORMATION WITH MY DESIGNATED AGENCY

PLEASE KEEP MY GIFT ANONYMOUS