

# PLEDGE FORM



## TELL US ABOUT YOURSELF

FIRST NAME*				LAST NAME*			
HOME ADDRESS*					DATE OF BIRTH		
CITY*				STATE*		ZIP* <small>If you want us to celebrate with you</small>	
PREFERRED PHONE*						<input type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Work	
PERSONAL EMAIL*						<input type="checkbox"/> I would like to receive your newsletter	
COMPANY*				DEPT/BRANCH			
<input type="checkbox"/> I would like to be recognized with my spouse/partner.				NAME		COMPANY	
PRINT HOW YOU WOULD LIKE TO BE RECOGNIZED*							
<input type="checkbox"/> I wish to remain anonymous*							
AREAS I CARE ABOUT MOST		<input type="checkbox"/> Healthy Community <input type="checkbox"/> Educational Opportunity <input type="checkbox"/> Financial Security <input type="checkbox"/> Community Resiliency					

\* Required Field

## MANAGE YOUR DONATION

☐ **PAYROLL DEDUCTION** \$ \_\_\_\_\_ total gift  
\$ \_\_\_\_\_ per pay period x \_\_\_\_\_ pay periods annually = total gift  
Minimum pledges - \$1.00 per week

☐ **CREDIT/DEBIT CARD** \$ \_\_\_\_\_ total gift  
Make a secure credit card donation at [unitedway-sjc.org/donate](https://unitedway-sjc.org/donate)

☐ **CHECK** \$ \_\_\_\_\_ total gift  
Personal check made payable to United Way of St. Johns County, Inc. (remit to address below).

☐ **SECURITY/STOCKS**  
Please contact me with details on how to transfer.

## PLEASE SEND ME INFORMATION ON:

### ☐ Volunteer Opportunities

Find volunteer opportunities in your community that match your interests and skill sets.

### ☐ Planned Giving

How to include United Way in my estate planning, and earn more about bequests, wills, life insurance, and endowments.

## GIFT DESIGNATION IS OFFERED AS AN OPTIONAL SERVICE.

DESIGNATE \$ \_\_\_\_\_ of my gift to the following 501(c)(3) nonprofit organization

ORGANIZATION LEGAL NAME\* \_\_\_\_\_

NONPROFIT EIN\* \_\_\_\_\_ ZIP CODE\* \_\_\_\_\_

☐ **PLEASE DO NOT** release my information to this organization

SIGNATURE

DATE

# THANK YOU!

FROM STRENGTHENING LOCAL RESILIENCE TO  
ADVANCING HEALTH, EDUCATIONAL OPPORTUNITY,  
AND FINANCIAL SECURITY, UNITED WAY IS MOBILIZING  
COMMUNITIES TO ACTION SO ALL CAN THRIVE.

## PLEASE SEE OUR WEBSITE FOR OUR DONOR POLICIES.

Please retain a copy of this form for your records. Non-United Way partner organizations are not subject to United Way's accountability review. If your designated agency is unable to accept your donation, we will contact you using the information provided on this form. If we are unable to contact you within 30 days, we will direct your gift to United Way's General Fund. Designated donations are subject to a nominal processing fee. For updated donor policies, please visit our website.

No goods or services were provided in exchange for this contribution. Our most recent audited financial statements and IRS 990 report are available at [www.unitedway-sjc.org](https://www.unitedway-sjc.org)

Your privacy is important to us and your information will not be sold or used in any unauthorized way. Please keep a copy of this form for your tax records. Consult your tax advisor for more information.