# 2019 PLEDGE FORM
## UNITED WAY OF SANTA BARBARA COUNTY

### 1. CONTACT INFORMATION

<table>
<thead>
<tr>
<th>MR / MRS / MS (Circle One)</th>
<th>FIRST NAME</th>
<th>MIDDLE</th>
<th>LAST</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>DEPARTMENT</th>
<th>WORK PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS (required)</th>
<th>CITY (required)</th>
<th>STATE (required)</th>
<th>ZIP (required)</th>
<th>BIRTHDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PERSONAL EMAIL**:  
**WORK EMAIL**:  

- [ ] Combine my gift with my spouse/partner  
  - Spouse/Partner Name:  
  - Spouse/Partner Employer: 

**FOR PUBLIC RECOGNITION**  
- [ ] Recognition Name(s):  
- [ ] I prefer that my gift remain anonymous

### 2. ANNUAL PLEDGE

#### PAYROLL DEDUCTION

- **A.** Number of pay periods: ____
- **B.** Amount per pay period:
  - [ ] $100
  - [ ] $50 
  - [ ] $25
  - [ ] $10
  - [ ] Other $ ________

\[ \text{(AxB) = TOTAL ANNUAL PLEDGE} \]

- [ ] Automatically continue my payroll pledge (continuous pledges renew annually unless changed or cancelled)

- Are you already a payroll donor?
  - [ ] Increase previous year annual pledge per pay period by:
    - [ ] $10
    - [ ] $5
    - [ ] Other $ ________
  - [ ] Maintain previous year annual pledge

#### PAY NOW

- [ ] Attach cash*  
  
  $ ________

- [ ] Attach check (payable to United Way)*  
  
  $ ________

- [ ] Charge credit/debit card*  
  
  Card Number: __________________________

- [ ] Expiry: ____ / ____

- [ ] Billing Start Date: ____ / ____ / ____

\[ \text{(AxB) = TOTAL ANNUAL PLEDGE} \]

**OR**

### 3. SIGNATURE

**DATE**

*Mail completed form to: Mail Code 2040, Business and Financial Services, Attn: United Way*
Together, we are building a better future for everyone in Santa Barbara County. What you spend on a weekly basis can be used to make a big annual impact in our community!

<table>
<thead>
<tr>
<th>WEEKLY SPEND</th>
<th>ANNUAL IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4 cup of coffee</td>
<td>4 CHILDREN receive a free book every month</td>
</tr>
<tr>
<td>$10 dry cleaning</td>
<td>3 FAMILIES attend parenting workshops</td>
</tr>
<tr>
<td>$18 movie tickets</td>
<td>2 PRE-SCHOOLERS attend Kindergarten Success Institutes</td>
</tr>
<tr>
<td>$25 dinner out</td>
<td>250 FAMILIES receive free income tax assistance</td>
</tr>
<tr>
<td>$30 online purchase</td>
<td>1 CHILD receives a Fun in the Sun scholarship</td>
</tr>
</tbody>
</table>

**OPTIONAL:**  □ I would like to FOCUS my gift where the need is greatest in Santa Barbara County

OR CHOOSE ONE of the following designation options:

- Education: Help children and youth learn to read and achieve education success (Code 733)
- Health: Help improve health and increase coverage and prevention services (Code 732)
- Financial Empowerment: Help promote financial stability and independence (Code 739)
- Give to a specific United Way program

Program Name: ____________________________________________________________

- Give to another geographic area or 501(c)(3) nonprofit organization ($115 annual pledge minimum)

Organization Name: _______________________________________________________

Address: ___________________________________________________________________

City, State, Zip: ____________________________________________________________

Mail completed form to: Mail Code 2040, Business and Financial Services, Attn: United Way.

To learn about our designation policy, visit unitedwaysb.org/campaign-toolkit.

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2, or other employer document showing the amount withheld and paid. Consult your tax advisor for more information.