

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED

112 Tupelo Avenue, Ft. Walton Beach, FL 32548 • (850) 243-0315 • www.united-way.org



Our Privacy Pledge to You: United Way of Okaloosa-Walton will NEVER sell, rent or exchange information about you with anyone.

MY INFORMATION:	_____			
	<i>Mr./Mrs./Ms./Dr.</i>	<i>Name (please print clearly)</i>		<i>Phone Number</i>
	_____			_____
	<i>Home Address (for credit card charges, address listed must be your billing address)</i>			<i>City State Zip</i>

	<i>Email</i>			

	<i>Company Name</i>			

CHOOSE HOW TO GIVE:	<input type="checkbox"/> Payroll Deduction	For each paycheck I receive, deduct: <input type="checkbox"/> \$_____ per paycheck OR <input type="checkbox"/> 1 hour pay per month = \$_____			\$
		OR <input type="checkbox"/> _____% of pay per month = \$_____			
		# paychecks/year is: <input type="checkbox"/> 12 (1x month) <input type="checkbox"/> 24 (2xs month) <input type="checkbox"/> 26 (every 2 weeks) <input type="checkbox"/> 52 (every week)			
	<input type="checkbox"/> Payment Attached	<input type="checkbox"/> Cash <input type="checkbox"/> Check (Make check payable to United Way of Okaloosa-Walton Counties) Check # _____			\$
	<input type="checkbox"/> Bill Me	<input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Date to Begin _____ / _____			\$
	month year				
<input type="checkbox"/> Credit Card	<input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Date to Begin _____ / _____			\$	
	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AmEx				
	Card # _____ Exp. Date _____ / _____				
	month year				
	For credit card charges, billing address required in space provided above				
	My Total Annual Pledge			\$	

I Qualify for (Please circle one - if applicable) : Leader (\$500 - \$749) Patron (\$750 - \$999) Bronze (\$1000 - \$1499)
 Silver (\$1500 - \$1999) Gold (\$2000 & above) I prefer no recognition

CHOOSE WHERE:	<input type="checkbox"/> I WANT MY FUNDS TO GO TO THE OKALOOSA-WALTON COMMUNITY CARE FUND: Amount \$ _____					
	<ul style="list-style-type: none"> Community volunteers serving on the Fund Distribution Committee carefully allocate your contribution where the most help is needed. The Community Care Fund provides funds to strengthen families, provide education, eliminate hunger, prevent family violence and serve seniors & those homeless, disabled or ill. 					
	<p>The Community Care Fund helps with basic individual and family needs through 3 building blocks:</p> <table border="0"> <tr> <td>Education Helping children and youth achieve their potential</td> <td>Income Promoting self-sufficiency and financially stable</td> <td>Health Helping people's health and wellness</td> </tr> <tr> <td> <ul style="list-style-type: none"> Improving school readiness Building independence Expanding young minds </td> <td> <ul style="list-style-type: none"> Serving our seniors Sheltering our neighbors Strengthening families </td> <td> <ul style="list-style-type: none"> Preventing family violence Assisting people with disabilities Eliminating hunger </td> </tr> </table>	Education Helping children and youth achieve their potential	Income Promoting self-sufficiency and financially stable	Health Helping people's health and wellness	<ul style="list-style-type: none"> Improving school readiness Building independence Expanding young minds 	<ul style="list-style-type: none"> Serving our seniors Sheltering our neighbors Strengthening families
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<input type="checkbox"/> OTHER INVESTMENT: I choose to designate some or all of my donation.						
I want a total amount of \$ _____ to go to the following nonprofit 501(c)3 organization: _____						

If your employer recognizes continued giving, this payroll deduction will continue until your written notification of cancellation is given to Human Resources.

SIGN HERE: _____

Your signature is required to process your pledge & to authorize payroll deduction or credit card charges.

DATE

Thank You!

United Way of Okaloosa-Walton Counties is a 501(c)3 organization and your donations may be tax deductible.
 United Way does not provide goods or services in whole or in partial consideration for any contribution.

White Copy: Company Payroll Dept.

Yellow Copy: Send to United Way

Pink Copy: Donor