## Pledge Form

### MY CONTACT INFORMATION

Please print legibly.

<table>
<thead>
<tr>
<th>Mr./Mrs./Ms./Dr.</th>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Phone Number</th>
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<thead>
<tr>
<th>Home Address (for credit card charges, address listed must be your billing address)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Email

Retiring within next five years? Yes | No

Year?

Company Name

☐ I prefer all my gifts to remain anonymous for publication.

### PLEASE SELECT YOUR METHOD OF INVESTING

☐ Easy payroll deduction

☐ Cash/Check (please make checks payable to United Way of Okaloosa & Walton Counties)

☐ Credit Card:

☐ Number of pay periods

☐ Amount per pay period

☐ $100 | ☐ $50 | ☐ $25

☐ $10 | ☐ Other

☐ Choose one:

☐ monthly

☐ quarterly

☐ once

Date to begin: / month year

Credit Card (circle one - Amex, Visa, MasterCard, Discover)

CREDIT CARD NUMBER

EXPIRATION (MM/YY)

CVC

(billing address required above)

TOTAL GIFT AMOUNT $ ___________

### MY PLEDGE QUALIFIES ME AS A RED FEATHER LEADER IN MY COMMUNITY

☐ Bronze ($1000 - $1499)

☐ Gold ($2000 - $4999)

☐ Silver ($1500 - $1999)

☐ Platinum ($5000 - $9999)

☐ Tocqueville Society ($10,000 +)

### CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY

☐ YES! I want to support United Way's work through COMMUNITY IMPACT FUND: The most powerful way to give is by investing in all three focus areas. Your donation achieves focused impact through partnerships with local nonprofits who leverage, measure & report on how your gift creates real, lasting change in Okaloosa & Walton Counties.

Do you want to direct your donation to one of our three focus areas? Check the appropriate box below:

☐ HEALTH - Ensuring people have the opportunity to achieve optimal health.

☐ EDUCATION - Ensuring that children enter school ready to learn, get the support they need to graduate, & are prepared for their future.

☐ FINANCIAL STABILITY - Ensuring that individuals & families have safe housing, quality childcare, & earn enough to support themselves.

☐ OTHER INVESTMENT: To give to a different United Way or any 501(c)(3) health and/or human service, please list agency name & address:

Name ____________________________ Address ____________________________

### PLEASE SIGN AND DATE

SIGNATURE - required (your signature authorizes your commitment) DATE

Thank You!

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