



## 1 My Personal Information

UWCF respects the privacy of our donors & does not disclose personal information to third parties

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Home address: \_\_\_\_\_ Division/Emp. ID #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Preferred email: \_\_\_\_\_

## 2 My Giving (Select one)

### Option #1 Payroll Deduction

\$45  \$25  \$10  \$5  Other: \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_ = My total annual gift: \$ \_\_\_\_\_  
\$ Pay periods

### Option #2 One-Time Gift

Check (Payable to United Way of Central Florida)

Cash

My total annual gift: \$ \_\_\_\_\_

### Option #3 Direct Bill (Minimum gift of \$20)

Please bill me in the amount of \_\_\_\_\_ Bill beginning (MM/YY): \_\_\_\_\_

One-time  Monthly  Quarterly

My total annual gift: \$ \_\_\_\_\_

### Option #4 Credit Card or Stock Transfer\*

\*For credit card transactions or stock transfers, please contact 863.648.1500.

My total annual gift: \$ \_\_\_\_\_

### Option #5 My Intent to give via Trust or Foundation\*

\*Intentions to give are not recordable until the check is received from the foundation.

Estimated check date (MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Name of trust or fund

My total intended gift: \$ \_\_\_\_\_

## 3 My Recognition (Optional)

Please list my name as it appears in section one or as follows:

\_\_\_\_\_  
Preferred recognition name

I prefer that my gift remain anonymous  Please combine my gift with my spouse

\_\_\_\_\_  
Spouse name

\_\_\_\_\_  
Spouse's employer

My gift of \$1000 or more qualifies me as a LEADERSHIP GIVER

I would like to participate in the Young Leader's step-up program.

Please check one:  \$250  \$500  \$750  \$1,000

I am interested in learning more about other Leadership step-up programs.

## 4 My Designation (Optional)

### Option #1: Community Investment \_\_\_\_\_%

**The Best Investment.** These funds improve lives with a focus on education, income, health and safety net. Over 120 volunteers on 17 Community Investment Teams invest in services according to our community's most critical needs.

### Option #2: UWCF Initiatives \_\_\_\_\_%

Please direct my donation to the following initiative(s)

\_\_\_\_\_ % to \_\_\_\_\_  
Designation code or initiative name (see back)

\_\_\_\_\_ % to \_\_\_\_\_  
Designation code or initiative name (see back)

### Option #3\*: Other Nonprofit 501(c)(3) / Nonprofit UWCF Program \_\_\_\_\_%

List available upon request

\_\_\_\_\_  
Organization or other United Way. Please use legal/full name.

\_\_\_\_\_  
City State Zip

\*You may contribute to another United Way or a non-partner agency which provides a well-defined, hands-on health or human service and is registered with the IRS as a 501(c)(3) in compliance with the Patriot Act. FEES MAY APPLY.

## My Signature

\_\_\_\_\_  
Signature Date

WHITE COPY: UNITED WAY OF CENTRAL FLORIDA (ECS: INCLUDE WHITE COPIES IN YOUR RECAP ENVELOPE) PINK COPY: COMPANY PAYROLL YELLOW COPY: DONOR COPY (RETAIN THIS COPY FOR YOUR RECORDS. FOR PAYROLL DEDUCTIONS - IN ADDITION TO THE PLEDGE FORM, RETAIN A PAYSTUB, W-2, OR OTHER EMPLOYER DOCUMENT THAT INDICATES THE AMOUNT WITHHELD DURING THE TAX YEAR. REF IRS PUB#1771).

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