



UNITED WE CARE PLEDGE FORM

Thank you for your donation. Please complete this form, print, sign, and give it to your agency's Campaign Coordinator.



Please check the United Way region in which you work

- | | | |
|--|--|--|
| <input type="checkbox"/> Lewiston Area – 561
<input type="checkbox"/> Panhandle/Coeur d'Alene – 573 | <input type="checkbox"/> SW Idaho/Treasure Valley – 564
<input type="checkbox"/> South Central Idaho/Twin Falls – 570
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Pocatello/Southeastern Idaho – 567
<input type="checkbox"/> Idaho Falls Area – 558 |
|--|--|--|

Name

First

Middle

Last

Work E-mail

State Agency

Home Address

City

State

Zip

Work Phone

My pledge details: I pledge a total gift of: \$ _____

- ☐ This is 1/2% of my gross income ☐ This is 1% of my gross income ☐ This is 2% of my gross income ☐ Not Applicable

Here's how I'd like to make my donation

- ☐ **Payroll Deduction** (26 periods, starting January)

Pledge Per Pay Period = \$ _____

- ☐ **Please Bill Me** (Starting January)

Monthly ☐ Quarterly ☐ Other: _____

- ☐ **Cash/Check:** Please make check payable to the United Way Regional Office you selected above.

OPTIONAL: Tax-Exempt Charitable Organization(s) to which I designate my gift

(if you wish to add more organizations, please print an additional form)

Organization (and address if not local)

\$

\$

\$

\$

\$

\$

\$

- ☐ I authorize my name and address released to the organization(s) above.

Visit the State Employees' Charitable Giving Campaign website at www.unitedwecare.idaho.gov

My Pledge Authorization: Signature: _____ Date: _____

Thank you for giving through the United We Care Campaign.