



2023-24 PLEDGE FORM



UNITED WE CARE, OCT. 1-31, 2023

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 2024)

Pledge Per Pay Period = \$ _____

☐ **Please Bill Me** (Starting January 2024)

☐ 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.