



2024-25 PLEDGE FORM



UNITED WE CARE, OCT. 1-31, 2024

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
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Name		
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First	Middle	Last
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Work E-mail	State Agency
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Home Address

City	State	Zip	Work Phone
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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

<input type="checkbox"/> Payroll Deduction (26 periods, starting January 2025) Pledge Per Pay Period = \$ _____	<input type="checkbox"/> Please Bill Me (Starting January 2025) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____
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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.