UNITED WAY
Greater Baytown Area and Chambers County

PLEDGE FORM

Become a Leadership Donor!
When you give a gift of $1,000 or more, you become part of United Way's Leadership Circle, joining hundreds of individuals who are creating lasting change throughout our community.

Join the Tocqueville Society!
Join a group of like-minded community leaders who donate $10,000+ to United Way to address community issues.

1 MY INFORMATION

Prefix | First Name | MI | Last Name | Suffix

☐ This is a joint gift with my spouse/partner.

Spouse/Partner Name

Mailing Address | Apartment #

City | State | Zip | Employer / ID #

Preferred Email

☐ I prefer that my/our gift remain anonymous.

Preferred Phone Number | Date Of Retirement | Date Of Birth

☐ I am a loyal contributor and have given to **ANY** United Way for more than 10 years, starting in

2 MY GIFT

☐ PAYROLL DEDUCTION
Even a small gift goes a long way!

By signing below, I authorize my employer to deduct the amount indicated from my paycheck.

$ Amount Deducted per Pay Period X # of Pay Periods = $ **Total Annual Gift**

☐ PLEASE BILL ME
$100 minimum gift. Bill will be sent to the address above!

$ Amount per Billing Cycle X ☐ One Time **OR** ☐ Quarterly = $ **Total Annual Gift**

☐ CASH / CHECK
Please attach your payment or make payable to:
United Way GBACC
5309 Decker Drive, Baytown, TX 77520

☐ **Cash** $ **Total Annual Gift**

☐ **Check** $ **Total Annual Gift**

To make a credit card, stock or DAF gift, please visit unitedwaygbacc.org/ways-to-give

3 (OPTIONAL) DESIGNATIONS

☐ COMMUNITY IMPACT FUND
The most powerful way to invest your donation. Local volunteers and staff study community conditions and meet with agencies applying for funding to ensure locally informed decisions are made.

Amount ____ % **OR** $ ____

☐ IMPACT FOCUS AREA
Choose a Focus Area to invest your contribution in the cause that matters most to you.

Community Resiliency ____ % **OR** $ ____

Financial Security ____ % **OR** $ ____

Youth Opportunity ____ % **OR** $ ____

Healthy Communities ____ % **OR** $ ____

☐ RESTRICTED CONTRIBUTION
I want to restrict a portion of my gift to a local 501(c)(3) human service organization or other United Way. The minimum designation is $100. For more information, please review the designation policy.

Amount ____ % **OR** $ ____

Agency's Complete Name: ____

4 SIGNATURE AGREEMENT

Signature | Date

Please check the accuracy of all your entries. Thanks for investing in your United Way.

Thank you for your contribution through the United way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information. United Way's most current filing of IRS form 990 is available online at www.unitedwaygbacc.org. United Way does not sell or share donor data.

TOP COPY TO COMPANY | MIDDLE COPY TO UNITED WAY | LAST COPY TO DONOR