

United Way of Tampa Bay PLEDGE FORM



When We Reach Out a Hand to One We Influence the Condition of All.
The information below is required for administrative and tax reporting purposes.

Last Name ▲		MI ▲	First Name ▲	
Personal E-mail ▲			Gender ▲	Birth Date ▲
Home Address ▲				Apt # ▲
City ▲	St ▲	Zip ▲	Home Phone ▲	
Employer ▲			Work Phone ▲	
Work E-mail ▲			Retiring this year? ▲	

YOUR CONTRIBUTION

Step One: I want my contribution to go directly to United Way's Community Impact Fund

Your contribution to United Way's Community Impact Fund will help *Children and Youth Achieve Their Potential*, help *Individuals and Families Achieve Financial Stability*, and ensure that there is a Safety Net of services that support people in crisis. Please enter your gift to the Community Impact Fund on LINE A to the right.

(A) \$ _____
Your contribution to the Community Impact Fund

(Optional) I also want to designate a gift (on LINE B) to a specific 501(c)3 organization and am providing contact information below:

TSS YOUTH SAILING INC P.O. BOX 3211 APOLLO BEACH FL 33572

Name of Organization

Address

City/State

Zip

(B) \$ _____
(Optional) Your designation to a Specific Organization

Note: If we are not able to locate the organization you wish to designate a gift to, we will try to contact you for further information. However, if we cannot find the organization your designated gift will be applied to United Way's Community Impact Fund. A 11% fee will be deducted for fundraising, collection, and distribution services.

YOUR TOTAL CONTRIBUTION

(C) \$ _____
TOTAL GIFT LINE A + LINE B

Step Two: How to make your contribution

Payroll Deduction:
Pay Periods/Year: _____

Credit Card Payment (Minimum \$50.00)

Pay with One Payment: Now OR on this date ___/___/___

OTHER OPTIONS

Check \$ _____

Pay Monthly - Starting Date ___/___/___

Cash \$ _____

Pay Quarterly - Starting Date ___/___/___

Bill me at home (\$50 Minimum) \$ _____

What kind of Credit Card? AMEX VISA MC

Stocks (Call 813.274.0933) \$ _____

CREDIT CARD NUMBER _____

Expiration Date Month _____ Year _____ CC Billing Zip Code _____

Step Three: SIGN HERE

THANK YOU!

A copy of the official registration (CH-14043) and financial information for United Way of Tampa Bay may be obtained from the Division of Consumer Services by calling toll-free 1-800-435-7352 within the state. Registration does not imply endorsement, approval, or recommendation by the state. This organization retains 100% of all contributions received.

LIVE UNITED™

www.unitedwaytampabay.com

WHITE COPY IS FOR PAYROLL - YELLOW IS FOR UNITED WAY - PINK IS DONOR'S TAX RECEIPT