



United Way of North Central Florida

UNITED WAY OF NORTH CENTRAL FLORIDA

Pledge Form

YOUR INFORMATION

Please print clearly and firmly. Your personal information is kept confidential.

Title: _____ First Name: _____ Last Name: _____ Date of Birth: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Personal Email: _____

Employer: _____ Employee #: _____

Work Phone: _____ Work Email: _____

Your name as you'd like it to appear in published materials: _____ Please do not publish my name.

Please sign me up for communications from United Way of North Central Florida via: Mail Email Text Message

I'm retiring in the next 12 months. Please keep in touch so I can learn about the impact of my gift and volunteer opportunities.

Please combine my gift with my spouse/significant other. Name: _____ Employer: _____

List my/our name(s) as follows: _____

YOUR DONATION

Please be sure to keep a copy of this form for your tax records.

Easy Payroll Deduction: I want to contribute the following amount per pay period.

\$50 \$40 \$25 \$10 \$5

Other \$ _____

My pay period is:

Weekly (52/year)

Every two weeks (26/year)

Twice a month (24/year)

Monthly (12/year)

A Direct Gift to be paid by:

Cash (enclosed)

Personal check (enclosed)

Check # _____, Check date _____

Credit Card/Debit

(please call 352-331-2800 or scan QR code to make payment)



\$

My total annual gift

(gift per pay period x pay periods)

THANK YOU!

AUTHORIZATION

Please authorize your donation by signing: _____ Date: _____



HEALTHY COMMUNITY

Improving health and well-being for all



YOUTH OPPORTUNITY

Helping young people realize their full potential



FINANCIAL SECURITY

Creating a stronger financial future for every generation



COMMUNITY RESILIENCY

Addressing urgent needs today and advancing a better tomorrow

OPTIONAL: RESTRICT MY GIFT

Gift restriction is offered as a service. Amount below cannot exceed total gift.

Please designate all or a portion of my gift to a specific 501(c)(3) agency. Total Amount Designated: \$ _____ (minimum designation is \$50)

Only 501(c)(3) agencies in the state of Florida are eligible for designation. Due to processing costs, a 15% processing fee will be assessed for designated donations. Designations not meeting these requirements or designations made to agencies no longer in existence will be automatically directed to United Way of North Central Florida.

Agency Name (required): _____ Agency EIN# (optional): _____

Agency Address (required): _____ City/Zip (required): _____

Release my name for recognition to the agency.

United Way of North Central Florida is recognized under the IRS as exempt under section 501 c3 and is registered with the Florida Division of Consumer Services, license number CH471. Donations are tax deductible to the full extent of the law. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE, OR VIA THE INTERNET AT WWW.S00HELPLFLA.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.