# OUR VISION: AN ORANGE COUNTY WHERE EVERY PERSON RECEIVES A QUALITY EDUCATION, IS FINANCIALLY STABLE, IS HEALTHY AND THRIVING, AND HAS A PLACE TO CALL HOME.

Thank you for your support!



**Orange County United Way** 

# **PLEDGE FORM**



**Orange County United Way** 

#### 1. ABOUT YOU (Please Print)

□ Mr. □ Mrs. □ Ms. First Name	M.I Last Name						
Home Address	City State ZIP						
Mobile Phone	Home Email						
ACKNOWLEDGMENT Please list my donation to recognize my gift and to inspire others to give. Use the following acknowledgment: Individual Names or Family							
EMPLOYER DATA (if applicable)							
Employer Name	Employee ID#						
Location/Department							

### 2. YOUR GIFT

**Donate to improve lives in Orange County.** My gift to Orange County United Way is critical to helping our students succeed, our struggling families achieve financial security, and our homeless neighbors find a place to call home.

I'D LIKE TO BEC	OME AN AFFINITY GR	OUP MEMBER TO ENJOY	r ne	ETWORKING OPPORTUNITIES, SPECI	AL	EVENTS, A	ND MORE.	
members invest \$ or more annually support Orange C	ADERS UNITED       WOMEN UNITED         a champions of change, embers invest \$1,000       These local business women and community leaders support			ALEXIS DE TOCQUEVILLE SOCIETY As staunch supporters of United Way's mission, members contribute \$10,000 or more annually with \$3,500 or more invested in Orange County United Way's work in OC.		PRESIDENT'S CIRCLE Our most dedicated supporters, members of the President's Circle donate \$10,000 or more annually to Orange County United Way's work in OC.		
MY GIFT TO SUPPORT ORANGE COUNTY UNITED WAY'S WORK IS >  S  Optional Designated Gift (other nonprofit agency) – \$120 minimum per organization >								
Name of the other agency City							\$	
For gifts to other nonprofits	that qualify as 501(c)(3) tax-ded e Tocqueville Society giving leve	uctible and Patriot-Act compliant orga	aniza in an	tions, a processing fee of 5% fee will be applied. (Exce onymous, your name will not be provided to the desigr				
MY TOTAL GIFT >						\$		
3. PAYMENT M	IETHOD			OTHER PAYMENT OPTIONS				
Here is my pledge. Please check the appropriate boxes.				<ul> <li>Cash (amount enclosed)</li> <li>Check #</li></ul>			\$	
							\$	
EASY PAYROLL DEDUCTION			\$					
¢	V	- ¢		(minimum annual contributi on \$120)	the	contributio	will be obarged in full	
\$	Х	= \$		☐ In Full ☐ Quarterly <i>If left blank</i> Name on Card				
Amount per	Number of Pay	My Total Payroll	Credit Card #					

Exp. Date

Month

## Signature Required X

Periods in Full Year

Pay Period

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Deduction Gift

#### Date

Year