

## PLEDGE FORM

Your gift supports United Way's mission to help local students succeed, struggling OC families gain financial security, our neighbors experiencing homelessness find a place to call home, and everyone gets connected to the assistance they need.

	RGIFT	GIFT OPTIONS	
OCQUE	VILLE SOCIETY MEMBER PLEDGE (\$10,000+): \$	If you'd like to pay in installments or pay with a different method, contact Mike O Director of Major Gifts at MikeO@UnitedWayOC.org or 949.263.6127.	
A United Way Community Impact Fund By giving \$3,500 or more of your gift to United Way's work, you'll be considered an Alexis de Tocqueville Society member. You'll be a part of a group of 300+community and business leaders and philanthropists and enjoy many recognition and event opportunities.		☐ Payroll Deduction Please contact the payroll department within your company. ☐ Payment Enclosed	
y giving President lace for	\$10,000 or more to United Way's work, you will also be recognized as a t's Circle member for your dedication to making Orange County a better all. You'll receive additional recognition and access to more insider events. dent's Circle Only) I am/my partner is interested in joining Women United.	Make checks payable to Orange County United Way.	
	Subtotal \$	NAME ON CARD	
dditiona the Wo	For designations to other non-profit organizations, please write the organization(s) name, EIN		
imilles D			
dditiona becom ce the G	f the Breakfast (the M.O.B.)  illy, invest a minimum of \$1,000, up to the balance of your gift, the a member of the M.O.B. Get access to unique experiences, arages of Orange County series.  Subtotal \$  Thank you for stepping up for our community as an Alexis de Tennes of the M.O.B. (the M.O.B.)	left will be placed in a fund for you to use for designations for twelve months after receipt of the second	
<i>)</i>	SALUTATION FIRST NAME	LAST NAME	
)	SALUTATION FIRST NAME		
)	SPOUSE'S/PARTNER'S FIRST NAME	SPOUSE'S/PARTNER'S LAST NAME	
)		SPOUSE'S/PARTNER'S LAST NAME  CITY STATE ZIP	
)	SPOUSE'S/PARTNER'S FIRST NAME		
<i>)</i>	SPOUSE'S/PARTNER'S FIRST NAME HOME ADDRESS	CITY STATE ZIP	
<i>)</i>	SPOUSE'S/PARTNER'S FIRST NAME  HOME ADDRESS  EMAIL	CITY STATE ZIP  PREFERRED PHONE	
)1	SPOUSE'S/PARTNER'S FIRST NAME  HOME ADDRESS  EMAIL  COMPANY NAME (IF APPLICABLE)  JOB TITLE	CITY STATE ZIP  PREFERRED PHONE	

