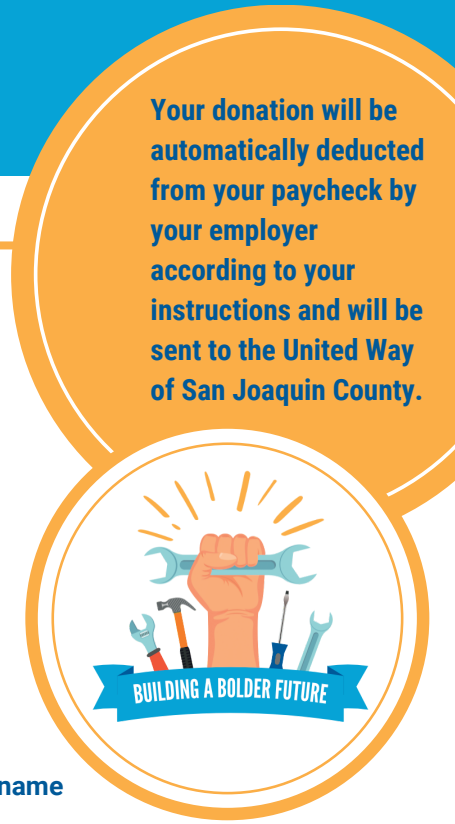


# UNITED WAY OF SAN JOAQUIN COUNTY PLEDGE FORM



Your donation will be automatically deducted from your paycheck by your employer according to your instructions and will be sent to the United Way of San Joaquin County.

## WHO I AM (Please print legibly)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birth Month \_\_\_\_\_ Birth Date \_\_\_\_\_  
Email \_\_\_\_\_ Phone Number \_\_\_\_\_  
Donor Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Department \_\_\_\_\_  
Your name as you'd like it to appear published in materials: \_\_\_\_\_  Do not publish my name  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## MY DONATION (Via payroll deduction)

- New Contributor**  
*This is my first gift to United Way of San Joaquin County*
- Rollover**  
*Please continue my current pledge*
- Retiree**  
*Please continue my pledge as a rollover*

### Other Method of Giving

- Cash**    **Check**    **Text "Contribute" to 40403**
- Credit Card: Visit [www.unitedwaysjc.org](http://www.unitedwaysjc.org) to donate**

### How Much Would You Like To Donate Per Pay Period?

- \$50    \$25    \$20
- \$10    \$5    Other: \_\_\_\_\_

- I am interested in the Leadership Circle – \$500 Contribution**  
*An annual gift of \$500 or more earns you entry into the Leadership Circle with a recognition plaque from United Way of San Joaquin County as a giving leader in your organization.*

My Total Annual Gift is: \$ \_\_\_\_\_

## MY IMPACT

Please select the impact areas that you would like your contribution to go to:

*A minimum contribution of \$24 is required.*

- United Way of San Joaquin County**  
*Donations will be directed to the most critical issues in San Joaquin County such as Education, Homelessness, and Economic Mobility.*
- San Joaquin County Nonprofit(s) of Choice**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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The mission of the United Way of San Joaquin County is to improve the lives of people by mobilizing the caring power of communities.

United Way of San Joaquin County