



**REACH OUT A HAND TO ONE  
AND INFLUENCE THE CONDITION OF ALL™**

**GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED.** 



**UNITED WAY  
OF YAVAPAI COUNTY**  
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**PLEDGE AND DONOR FORM**

FIRST NAME(S) \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
(For credit card charges, address must be billing address.)

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
(For employee payroll deductions only)

**Want to see how your contribution is making a difference in our community?** Provide your email address so we can keep you informed about United Way's Community Impact Initiative and opportunities to give, advocate and volunteer all year long.

**STEP ONE: CHOOSE YOUR METHOD OF PAYMENT**

**PAYROLL DEDUCTION**

My total annual gift  
AMOUNT \$ \_\_\_\_\_

I want to contribute the following amount each pay period:  
 \$50  \$25  \$10  \$5

OTHER \$ \_\_\_\_\_

**DIRECT GIFT**

AMOUNT \$ \_\_\_\_\_

Direct gift to be paid by:

- Cash/Check (enclosed)
- Bill Me  Quarterly  Annually
- Credit/Debit # \_\_\_\_\_  
\_\_\_\_\_ Exp \_\_\_\_\_

Securities (please call the UWYC office when you are ready to transfer funds)

**A GIFT OF \$500 OR MORE**

qualifies you for membership in the *Leaders in Giving Society*. Your name will appear as above.

AMOUNT \$ \_\_\_\_\_

Change my name(s) as follows:  
\_\_\_\_\_  
\_\_\_\_\_

I wish to remain anonymous

**THE 2009 CLUB**

I want to join the 2009 Club by contributing \$167.42 per month (See back page)

**STEP TWO: CHOOSE WHERE YOUR INVESTMENT WILL MAKE A DIFFERENCE**

**INFLUENCE THE CONDITION OF ALL: Direct my gift where it is most needed.** AMOUNT \$ \_\_\_\_\_

**REACH OUT A HAND TO A COMMUNITY IMPACT AREA OF NEED:**

**CRITICAL NEEDS**

- Helping Individuals and Families to become stable and independent by supporting basic survival-level programs and services in our communities.

AMOUNT \$ \_\_\_\_\_

**SUCCESSFUL LIVES**

- Assist people's ability to become self-sufficient by improving access to community resources and increasing independence.

AMOUNT \$ \_\_\_\_\_

**COMMITMENT TO LEARNING**

- Helping kids, teens, adults and seniors to achieve their potential through education by increasing quality, affordable learning opportunities for success in school and acquire needed job skills.

AMOUNT \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Please check the accuracy of all your entries.

**THANK YOU FOR YOUR INVESTMENT IN YOUR UNITED WAY OF YAVAPAI COUNTY!**

Your donation is fully tax deductible; please keep a copy of this form for your records. Employees should keep pay stubs, W-2, or other employer documents showing payroll withholdings. Consult your tax advisor for more information. No goods or services were provided in exchange for your contribution. Payroll contributions to specific agencies may revert to Community Impact if the agency is unqualified or cannot be located. A 15% deduction may be made from your donation to cover administration costs.

