

MAKE A PLEDGE. MAKE A DIFFERENCE.

Contact Information

Name _____
Address _____ City, State Zip _____
Phone _____ Email _____
Employer _____

Donation Information

My Total Pledge _____

Payroll Deduction: I authorize my employer to deduct \$_____ per pay period for a total pledge of \$_____.

Payroll Deduction: I authorize my employer to deduct a *fair share* (one day's pay) in the amount of \$_____.

Direct Contribution: Paid in Full (payable to United Way of Orange County)

Direct Contribution: Bill Me Once Monthly Quarterly

Direct Contribution: Charge my credit card; circle one - Visa / MasterCard / AmEx / Disc

Card Number _____ Exp Date _____

CVC Code _____ Billing Zip _____

Engagement Information (check all that apply)

I would like to sign up for the email newsletter.

I would like to receive emails about volunteer opportunities.

I appreciate recognition of my contribution.

I prefer to remain anonymous.

Follow us on social media:    @uwoctx #uwoctx

Authorization

Signature _____ Date _____

We appreciate your support!

Keep a copy for your tax records. Consult your tax advisor for more information.
No goods or services were provided in exchange for this contribution.
United Way of Orange County is a 501(c)3 tax-exempt organization. EIN# 74-6023140