

2018-19 PLEDGE FORM

LIVE UNITED



United Way of Treasure Valley

United Way of Treasure Valley fights for the health, education and financial stability of everyone in our community.

STEP 1

Mr/Mrs/Ms/Dr First Name MI Last Name Jr/Sr

Birth Date Personal Mailing Address

City State Zip Code Employer

Phone Number Cell Home Personal Email Address Please send my confirmation to this email account

I would like to learn more about: Volunteerism Women United volunteer group United Way NEXT (Millennial aged group) Encore United (retiree volunteer group)

STEP 2

Choose your amount and method of payment.

Easy Payroll Deduction:

I want to contribute the following amount each pay period.
(If you are paid every other week, use 26 pay periods. If twice a month, use 24 periods.)

| | | | | | | |
|--|---|---|---|---|---|--------------------------------------|
| \$ _____ x _____ = \$ _____ Per Paycheck Pay Periods Payroll Deduction Amount | + | Cash (enclosed): \$ _____ Cash Enclosed | + | Check (enclosed): \$ _____ Check Enclosed | = | \$ _____ Total Gift Amount |
| | | | | | | \$ _____ Amount |

STEP 3

Please choose how you want to help your community.

Credit Card: I have donated using my credit card at unitedwaytv.org

– option A –

UNITED WAY COMMUNITY FUND
Invest my donation to address the most pressing needs in the community AMOUNT % _____

– option B –

| | | | |
|--|---|--|--|
| <input type="checkbox"/> EDUCATION Helping children achieve their potential through education AMOUNT % _____ | <input type="checkbox"/> FINANCIAL STABILITY Helping families become financially independent AMOUNT % _____ | <input type="checkbox"/> HEALTH Improving the health & wellbeing of children & families AMOUNT % _____ | <input type="checkbox"/> BASIC NEEDS Providing emergency support to children & families AMOUNT % _____ |
|--|---|--|--|

Signature _____

Date _____

Thank you for investing in United Way of Treasure Valley!

Please check the accuracy of all your entries. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records.

**THANK YOU FOR
JOINING THE FIGHT!**

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Payroll Deduction Calculator

2018-19 United Way Community Impact Campaign

Depending on how much you donate through an automatic payroll deduction and what type of pay schedule your company uses, here is a breakdown of per-paycheck contributions:

| Weekly (52 paychecks) | Every 2 Weeks (26 paychecks) | Twice a Month (24 paychecks) | Total Gift |
|---------------------------------|--|--|-------------------------|
| \$35 | \$70 | \$77 | \$1,820 - \$1,848 |
| \$30 | \$60 | \$66 | \$1,560 - \$1,584 |
| \$25 | \$50 | \$55 | \$1,300 - \$1,320 |
| \$20 | \$40 | \$44 | \$1,040 - \$1,056 |
| \$15 | \$30 | \$33 | \$780 - \$792 |
| \$10 | \$20 | \$22 | \$520 - \$528 |
| \$5 | \$10 | \$11 | \$260 - \$264 |
| \$3.50 | \$7 | \$8 | *\$182 - \$192 |
| \$1 | \$2 | \$2 | \$48 - \$52 |

* Anyone who donates \$180 or more to the United Way Community Fund will receive a Caring Card, which provides discounts on products and services at participating local retailers, as a sign of appreciation for your generosity.

Calculate your donation's impact at UnitedWayTV.org