

United Way of San Joaquin County Pledge Form

WHO AM I (Please print legibly)

First Name

Last Name

Phone Number

Email Address

Age

Gender

Ethnicity

Employer

Department

Employer Address

City

State

Zip Code

Signature (required)

Date

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

MY DONATION

New Contributor

This is my first gift to United Way of San Joaquin County

Rollover

Please continue my current pledge

Other Method of Giving: Cash Check Credit Card
 Text "Contribute" to 40403 or visit unitedwaysjc.org

How Much Would You Like To Donate Per Pay Period?

\$50 \$20 \$5
 \$25 \$10 Other: \$ _____

Number of Pay Periods Per Year _____
My Total Annual Gift is: \$ _____

Your donation will go towards our two social impact areas at United Way of San Joaquin County: Education, & Homelessness unless you designate a specific non-profit agency.

YOUR IMPACT

Check One: **Education** **Homelessness**

Agency Designation (optional)

Total Amount Designated to Agency

777 N. Pershing Ave, Ste 2B,
Stockton, CA 95203

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unitedwaysjc.org

