

UNITED WAY OF SAN JOAQUIN COUNTY PLEDGE FORM

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.



WHO AM I (Please print legibly)

First Name	Last Name						
Email Address	Phone Number						
		18-25	26-40	41-64	65+		
Ethnicity	Gender	Age Range					
Employer				>\$30K	\$30K-\$40K	\$50K-\$60K	
				\$60K-\$70K	\$70K-\$80K	\$80K<	
Department				Income Range			
Employer Address				City	State	Zip Code	
Signature (required)				Date			

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 United Way of San Joaquin County, unless you designate a specific nonprofit agency.

YOUR IMPACT

Agency Designation (optional)

Total Amount Designated to Agency