

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

Ethnicity

Gender

18–25 26–40 41–64 65+

Employer

>\$30K \$30K–\$40K \$50K–\$60K

Department

\$60K–\$70K \$70K–\$80K \$80K<
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

Agency's Location (City)

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

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unitedwaysjc.org



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