

UNITED WAY OF WEST FLORIDA PLEDGE FORM

It takes the whole community working together to bring about lasting change. Your gift matters and can be the one that makes a difference in the life of a colleague, friend, or neighbor.



EASY WAYS TO
give!

ONLINE

Visit uwwf.org/donate or scan the qr-code to make a one-time or monthly gift by credit or debit card.



TEXT 2 DONATE

Text UWWF to 44321. *message and data rates may apply*

PLEDGE FORM

If applicable, fill out this pledge form and return it to your Campaign Coordinator or United Way of West Florida. If appropriate, please include your cash or check donation.

7100 Plantation Rd. Suite 18
Pensacola, FL 32504



uwwf.org



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DONOR INFORMATION

To reduce cost & waste we would like to use email as our main form of communication. Personal email is preferred so we can stay in touch even if you change jobs or retire. Your privacy & confidentiality are important to us. We never share your information.

Name: _____

Home Address: _____ City | State | Zip: _____

Phone - Cell | Home: _____ Work: _____

Employer: _____

Email: _____

Optional- DOB: _____ Gender _____ Race: _____

Household Gifts and Recognition:

Spouse/Partner's Name & Employer: _____

List your name(s) as you would like to be recognized, if different than above:

I want to learn more about donor networks

I want to opt out of newsletters

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YOUR DONATION

For payroll deductions, please complete this form and submit to your Campaign Coordinator.

PLEDGE AMOUNT:

PAYROLL DEDUCTION (please complete A - C)

(A) I authorize my employer to deduct \$ _____ per pay period

(B) I'm paid _____ times a yr. (i.e. 12, 24, 26)

(C) My total gift is (AxB) \$ _____

CREDIT CARD Visit www.uwfw.org/donate

ONE-TIME GIFT

Enclose cash/check amount: _____

Make checks payable to UWFW. Check number: _____

PLEASE CONTACT ME

I would like to make my gift by PayPal, stock, virtual currency like bitcoin, or other payment, or visit www.uwfw.org/give to learn more.

No, thank you. I choose not to give at this time but would like to learn more about UWFW.

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PLEASE SIGN YOUR NAME

I would like to remain anonymous.

Signature _____ Date _____

Pledge instructions: You may designate to a **maximum of (2) agencies**, with a **minimum of \$50 per designation**. Any designations that do not meet these thresholds will be directed to the Community Impact fund. UWFW will not be able to track the results or outcomes of your designated gift.

Amount of gift towards designation: _____ (Must be \$50 or more)

Name/Address of Designated Agency: _____

Amount of gift towards designation: _____ (Must be \$50 or more)

Name/Address of Designated Agency: _____

Please make a copy of your completed pledge form for your records. Your unrestricted donation supports the health, education, and financial stability for all in Escambia and Santa Rosa counties.

Donations are monitored to ensure the programs are effective, meet current community needs, financially stable, and sustainable.