



UNITED WE FIGHT. UNITED WE WIN.

1 MY INFORMATION Your personal information is kept confidential and will not be sold or shared at any time.

Mr.
 Mrs.
 Ms. FIRST NAME M.I. LAST NAME

SPOUSE'S NAME PREFERRED NAME OR NICKNAME DATE OF BIRTH

HOME ADDRESS HOME OR CELL PHONE

CITY STATE ZIP CODE

HOME EMAIL ADDRESS WORK EMAIL ADDRESS

EMPLOYER JOB TITLE WORK PHONE

2 MY INVESTMENT IN MY COMMUNITY Please select method of payment.

PAYROLL DEDUCTION \$ _____ per pay period # _____ pay periods = \$ _____

PAYMENT ENCLOSED Check (payable to United Way of the Big Bend) Cash \$ _____

CREDIT CARD _____ / _____ \$ _____
CREDIT CARD NUMBER 3- or 4-digit SECURITY CODE EXPIRATION MO/YR

BY QUARTERLY BILLING TO MY HOME ADDRESS (\$60 annual minimum) \$ _____

TOTAL ANNUAL GIFT = \$ _____

3 RECOGNITION My contribution qualifies me for the following: (check all that apply)

I am a **Loyal Contributor!** (I have contributed to a United Way for 10 years or more). Giving to United Way since _____ Year

I am a **Leadership Giver** of \$1,000 or more individually or by total including spouse's gift.
 Spouse's Name _____ Spouse's Employer _____

For recognition, please list my/our name(s) as follows _____
Please note that leadership giving is personal giving. Corporate gifts are not recognized as leadership gifts unless the company is wholly owned by an individual.

LEADERSHIP SOCIETY (\$1,000 - \$4,999) TOCQUEVILLE SOCIETY (\$10,000 or more)
A national society established to recognize the understanding, commitment and support of United Way's most generous and community-minded investors. This is UWBB's most prestigious group of local philanthropists.

COMMUNITY SOCIETY (\$5,000 - \$9,999)
This society enables UWBB to recognize donors in the Big Bend who are willing to move to a major-gift level and make extraordinarily generous contributions to their community.

RETIRING ENDOWMENT ESTATE PLANNING
Contact me to continue my annual gift. I want to make/ have made an endowment gift. I included United Way of the Big Bend in my will or Estate Plan.

I wish to remain anonymous.

4 AUTHORIZATION If you would like to direct your donation, please complete Section 5.

SIGNATURE REQUIRED _____ Date _____

5 MY IMPACT

I WOULD LIKE MY GIFT TO SUPPORT:

OPTION A: Community Impact Fund
 Allow volunteers to distribute funds to meet the most critical needs

OPTION B: 5 Community Outcomes

Housing*
 Increase access to dependable housing, sustainable utilities, and safe local neighborhoods

Early Learning*
 Increase family access to steady, affordable, and quality child care and education

Safety Net*
 Provide consistent safety net services during times of financial stress to both families and seniors

Health and Mental Health*
 Provide affordable health and mental health resources

Skills Development*
 Promote educational attainment and develop necessary skills to meet future employment needs and secure self-sustaining jobs

*Option B designations may be distributed via Option A in instances where there isn't a program for the selected designation.

6 COUNTIES SERVED

I WOULD LIKE MY GIFT TO SUPPORT:

Franklin Leon Taylor
 Gadsden Liberty Wakulla
 Jefferson Madison

7 VOLUNTEERING

I'm interested in learning more about:

ReadingPals
 MathPals
 Volunteer Income Tax Assistance

8 GET INVOLVED

I'm interested in learning more about:

Women United
 Young Leaders Society

TOGETHER WE DO MORE!

To comply with new IRS regulations, if you choose to contribute by payroll deduction, you must retain a copy of this pledge form in addition to your pay stub or W-2 Form to document your gift to UWBB, FIN #59-6011150. No goods or services have been given, in whole or part, for this contribution. Giving is a personal decision. United Way of the Big Bend has a strong policy against coercion. Whether a person gives to UWBB and how much the person chooses to give is up to the individual. Giving voluntarily is fundamental to the United Way concept. "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. (1-800-435-7352). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE." "UNITED WAY OF THE BIG BEND RECEIVES 100 PERCENT OF YOUR CONTRIBUTION AND RETAINS OR DISTRIBUTES IT AS YOU DIRECT." REGISTRATION # CH583

307 East Seventh Avenue
 Tallahassee, FL 32303
 telephone 850-414-0844
 email unitedway@uwbb.org
 fax 850-414-0852

UWBB.ORG



United Way of the Big Bend

Program applications for funding in the new outcome areas listed below will be accepted in early 2021. This process is open to nonprofits who provide human services programs in our Big Bend region and align with one or more of our five outcome areas. Your pledge will fund program partners whose outcome metrics improve the lives of those living in poverty and at the edge of poverty.

Economic Empowerment Through Workforce Enablement for Those at or Below The ALICE Threshold

3 GOALS

ACCESS



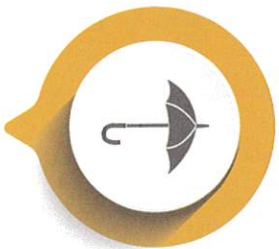
HOUSING

Increase access to dependable housing, sustainable utilities, and safe and local neighborhoods.



EARLY LEARNING

Increase families access to steady, affordable, and quality child care and education. *(to include elementary school age and below)*



SAFETY NET

Provide consistent safety net services during times of financial stress to both families and seniors.



HEALTH AND MENTAL HEALTH

Provide affordable health and mental health resources.



SKILLS DEVELOPMENT

Promote educational attainment and develop necessary skills to meet future employment needs and secure self-sustaining jobs.

STABILITY

DEVELOPMENT

5 OUTCOMES