

1. MY INFORMATION

Please ensure that your gift is processed correctly by printing **BOLDLY** and legibly. United Way does not sell, trade or disclose its donors' personal information.



United Ways serving Linn, Benton & Lincoln Counties

MR/MRS/MS/DR FIRST NAME MIDDLE INITIAL LAST NAME SUFFIX

EMPLOYER EMPLOYEE ID

HOME ADDRESS UNIT NO.

CITY STATE ZIP CODE PHONE NUMBER

E-MAIL BIRTHDATE (MM/DD/YYYY)

TELL US MORE ABOUT YOU: GENDER: Male Female Other Retiring Soon? Date: _____ Race/Ethnicity: _____

2. MY GIFT

My total gift to the annual campaign: \$ _____

WHAT I WANT MY GIFT TO IMPACT

COMMUNITY IMPACT FUND
 I choose to influence the condition of all - fighting for the health, education and financial stability for those in need.
 \$ _____

EDUCATION
 Preparing children in our community for kindergarten, and ensuring youth achieve success in school and in life.
 \$ _____

FINANCIAL STABILITY
 Ensuring individuals and families achieve self-sufficiency.
 \$ _____

HEALTH
 Helping individuals live healthy lives and achieve maximum independence.
 \$ _____

OPTIONAL: DESIGNATION

_____ \$ _____
 Please provide organization name, address, and EIN number.

_____ \$ _____

3. PAYMENT OPTIONS

- PAYROLL DEDUCTIONS**
 \$ _____ each pay period for: _____ pay periods
(For the specific amount for your salary, see your Campaign Coordinator.)
- PERSONAL CHECK/CASH**
(please attach to this form and make check payable to United Way)
- CREDIT CARD**
 To pay your pledge securely by credit card, please visit www.unitedwaybl.org to make your gift online.
- BILL ME (home address required)**
 monthly quarterly one-time
 BILLING DATE _____ / _____ (MM/YYYY)
 Will begin in January 2019 unless otherwise noted.

4. MY IMPACT AREA

United Way is committed to investing dollars back into the community in which they are raised. Please indicate which county you would like to receive your donation.



5. MY RECOGNITION

My annual gift may qualify me for the following:

- Leadership Giving (\$1,000+)

To be recognized for combined household gifts, please provide the following information:

_____ Name of Spouse/Partner

_____ Employer of Spouse/Partner

- I prefer no public recognition/ My gift is anonymous

6. I WANT TO LEARN MORE

- Please send me information about upcoming volunteer opportunities and ways I can impact my community by donating time.
- Please send me information about how I can create a community legacy by including United Way in my will or estate plan.

SIGN & DATE

X _____

Thank you for your contribution through United Way. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. If you made a contribution via payroll deduction, you will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. DATE (MM/DD/YYYY)

In an effort to reduce waste, we are no longer using carbon copy forms. Please make a copy of this form for your payroll records. Thank you.

UNITED WAY INITIATIVES, AGENCY PARTNERS, AND NEIGHBORING UNITED WAYS



United Ways serving
Linn, Benton & Lincoln
Counties

Service Area: Linn County ● Benton County ● Lincoln County ●

United Way Initiatives & Collaboratives

211 Info ● ● ●
Dolly Parton's Imagination Library ● ●
FamilyWize ● ● ●
Housing Opportunities Action Council (HOAC) ●
Linn County CAN ●

Retired Senior Volunteer Program (RSVP) ●
Thinker Tinker Trailer ●

United Way Funding Agency Partners

ABC House ● ●
B'nai B'rith Camp ●
Boy Scouts of America,
 Cascade Pacific Council, Calapooia District ●
Boys & Girls Club of Corvallis ●
Boys & Girls Clubs of Albany ●
Boys & Girls Clubs of the Greater Santiam ●
Casa Latinos Unidos ●
CASA of Benton County ●
CASA of Lincoln County ●
CASA of Linn County ●
Center Against Rape & Domestic Violence (CARDV) ● ●
Central Linn Recreation Association ●
Coastal Range Food Bank, Inc. ● ● ●
Community Outreach, Inc. ● ●
Corvallis Day Time Drop In ●
Corvallis Environmental Center ●
Corvallis First United Methodist Church ●
Corvallis Housing First ●
Dial-A-Bus of Benton County ●
Ecumenical Ministries of Oregon ●
Family Tree Relief Nursery ●
First Christian Pre-Primary School ●
FISH of Albany ●
Food Share of Lincoln County ●
Furniture Share ●
Girl Scouts of Oregon & Southwest Washington ●

InReach Services ●
Jackson Street Youth Services ● ●
Mid-Willamette Family YMCA ●
Mighty Oaks Children's Therapy Center ●
My Sisters' Place ●
Newport Food Pantry ●
Old Mill Center for Children and Families ●
Oregon Cascades West Council of Governments
 Senior Service Foundation ● ●
Philomath Community Services ●
Philomath Youth Activities Center (PYAC) ●
Scio Youth Club ●
Sharing Hands ●
South Corvallis Food Bank ●
Stone Soup Corvallis, Inc. ●
Strengthening Rural Families ●
Sweet Home Emergency Ministries (SHEM) ●
The Community Before & After
 School Child Care Program (CAP) ●
Vina Moses Center ●
Volunteer Caregivers ●
We Care ●
Yachats Youth & Family Activities Program ●
Youth Development Coalition of Lincoln County ●

United Way Granting Partners

Albany Public Libraries ●
Albany Rotary ●
City of Corvallis Social Service Funds ●
Coastal Farm & Ranch ●
Emergency Food and Shelter Program ● ● ●
Friends of the Yachats Library ●
Greater Albany Rotary Club ●
South Benton Advisory Group ●
Margaret E. Hull Fund of the OCF ●
Rippey Foundation ●
Sweet Home Rotary Club ●
The Ford Family Foundation ●

This pledge form was generously sponsored by:

