



2016-17 Pledge Form

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United Way of South Central Idaho

www.UnitedWaySCID.org

www.UnitedWaySCID.org P.O. Box 65 • Twin Falls, ID 83301 208.733.4922

STEP 1

Mr/Ms/Dr First Name MI Last Name Jr/Sr

Birth Date Personal Mailing Address

City State Zip Code Employer

Phone Number Cell Home Personal Email Address Please send my receipt to this email account

I would like to learn more about: Volunteerism Women United volunteer group United Way NEXT (Millennial aged group)

STEP 2 Choose your amount and method of payment.

Easy Payroll Deduction: I want to contribute the following amount each pay period.

(If you are paid every other week, use 26 pay periods. If twice a month, use 24 periods.)

Cash (enclosed):

Check (enclosed):

\$ _____ x _____ = \$ _____
Per Paycheck x Pay Periods = Payroll Deduction Amount

+ \$ _____ Cash Enclosed

+ \$ _____ Check Enclosed = \$ _____ Total Gift Amount

STEP 3 Please choose how you want to invest in your community.

I would like to be contacted about how to donate with my credit card or to make a stock contribution.

Anyone who donates \$60 or more to the Community Fund will receive a 2017 Caring Card, which provides discounts on products and services at participating local retailers, as a sign of appreciation for your generosity.

% **Community Fund**

% **Education: Helping kids reach goals & succeed**

% **Health: Ensuring kids & families are healthy**

% **Financial Stability: Helping families become stable**

Designated Contribution

AGENCY NAME

AGENCY ADDRESS

Please release my name and address to the nonprofit listed above.

(Must be a 501(c)3 Nonprofit that is registered with the IRS)

Some donors give through United Way to another organization. Your designated gift must be at least \$180. Gifts less than \$180 will be redirected to the United Way Community Fund.

100% **TOTAL**

Signature: _____ Date: _____

Donate Online: UnitedWaySCID.org/Donate

No goods or services were provided in exchange for this contribution. If you need a receipt for your tax records, please keep a copy of this form.





80,000

lives changed by you & United Way last year

FINANCIAL STABILITY

enabling struggling families to make ends meet

HEALTH

helping children & families access physical, mental and dental health services

EDUCATION

increasing childhood learning and graduation rates while decreasing drop-out rates

Payroll Deduction Calculator

2016-17 United Way Community Impact Campaign

Depending on how much you donate through an automatic payroll deduction and what type of pay schedule your company uses, here is a breakdown of per-paycheck contributions:

Weekly <i>(52 paychecks)</i>	Every 2 Weeks <i>(26 paychecks)</i>	Twice a Month <i>(24 paychecks)</i>	Total Gift
\$35.....	\$70	\$75.84.....	\$1,820
\$30.....	\$60	\$65.00.....	\$1,560
\$25.....	\$50	\$54.17.....	\$1,300
\$20.....	\$40	\$43.33.....	\$1,040
\$15.....	\$30	\$32.50.....	\$780
\$10.....	\$20	\$21.67.....	\$520
\$5.....	\$10	\$10.83.....	\$260
\$3.46.....	\$6.92.....	\$7.50.....	* \$180
\$2.50.....	\$5	\$5.42.....	\$130

*Anyone who donates \$180 or more to the Community Fund will receive a Caring Card, which provides discounts on products and services at participating local retailers, as a sign of appreciation for your generosity.

Calculate your donation's impact at UnitedWaySCID.org