

tackling poverty at its roots

Because one in three families is too many.



The United Way of Pierce County Campaign Year runs from July 1, 2023, to June 30, 2024.

My Information	Information Your personal information is confidential. We never rent, trade or sell our donor information.					
Mr. / Mrs. / Ms. / Mx. / Dr.	Mr. / Mrs. / Ms. / Mx. / Dr. First Name					
Home Address			City	State	ZIP	
For credit card charges, address listed must be your billing address						
Cell Phone Home Phone Email			Company Name			
Personal			Business			
Birthday I've been contributing to United Way since						
Preferred Name for Recognition Please combine my gift with my spouse. Spouse Name						
☐ I'd prefer to remain anonymous.						
Additional I'm retiring soon and want to continue to invest in United Way of Pierce County (UWPC) I'd like to include United Way in my will and estate planning or have already done so Keep me informed about volunteer opportunities						
Donation OUR BOLD GOAL Please select how you would like yo			,	_		
			unity Care Fund: Great		Gift \$	
self-sufficiency by 2028, one family at a time. I am ensuring that the greatest needs in my community are met. Basic Needs: A Solid Foundation O					Gift \$	
I am connecting Pierce County families to basic needs such as food, clothing and shelter so they can move out of crisis.					ont ş	
Breaking Down Barriers O Gift \$ I wish to support programs like 211 that connect local families to critical resources such as behavioral health, housing, transportation and employment.						
Strong Families: Achieving Financial Stability O Gift \$						
I wish to ensure families become financially stable by supporting services like Center for Strong Families that						
connect individuals to resources such as personalized financial, employment and educational coaching. I would like to make an additional gift to another non-profit 501(c)(3) organization. Gift \$						
Nonprofit Name	City	State I understand that by giving	g to another non-profit, a processing fee will	be applied toward this gift.		
Payment Options			Total	Annual Gift	\$	
I want to contribute this amount each p	· ·		☐ Credit or Debit	\$		
Payroll \$	x pay p	eriods/year = \$	Card Number			
□ Cash \$		TOTAL PAYROLL DEDUCTION PLEDGE Exp. (MM/YYYYY) Billing Start Date (MM/YYYYY)				
□ Check # Amount \$						
SIGNATURE DATE						



Thank you for your contribution to United Way of Pierce County. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld if you give through payroll deduction. Consult your tax advisor for more information. For a list of current community/funded agencies, visit uwpc.org/community-investments.