

2022 DONATION FORM



1. My Information

MR / MS / OTHER <small>(Circle One)</small>	FIRST <small>(required)</small>	MIDDLE	LAST <small>(required)</small>	SUFFIX
EMPLOYER	DEPARTMENT		WORK PHONE	
HOME ADDRESS <small>(required)</small>			CELL PHONE	
CITY <small>(required)</small>	STATE <small>(required)</small>	ZIP <small>(required)</small>	BIRTHDAY / /	
PERSONAL EMAIL <small>(required)</small>		WORK EMAIL		
OPTIONAL: Combine my gift with my spouse/partner Spouse/Partner Name: _____ Spouse/Partner Employer: _____		OPTIONAL - For Public Recognition <input type="checkbox"/> Recognition Name(s): _____ <small>(i.e. Mr. and Mrs. Sample)</small> <input type="checkbox"/> I prefer that my donation remain anonymous		
OPTIONAL: I'd like to join one of the below affinity groups <input type="checkbox"/> Women United (annual donation of \$1,500+) <input type="checkbox"/> Young Leaders Society (under age 45, annual donation of \$300+)		OPTIONAL: I'm planning for the future I plan to retire on ____ / ____ / ____ <input type="checkbox"/> Please sign me up for your retirement living e-newsletter		

2. My Donation

Option #1: PAYROLL DEDUCTION

A. Number of pay periods per year: _____

B. Amount per pay period:

- \$50
- \$25
- \$10
- Other \$ _____

(AxB) = TOTAL ANNUAL PLEDGE

\$

OR

Option #2: PAY NOW

- Attach CASH or CHECK**
(check payable to United Way)

\$

Option #3: CREDIT CARD

You can also donate by credit/debit card online at www.unitedwaysb.org/give.

- Charge credit card**

A. Payment frequency:

- Monthly (12)
- Quarterly (4)
- One Time

(AxB) = TOTAL ANNUAL GIFT

\$

B. Payment amount: \$ _____

Card Number: _____

Expiry: ____ / ____ Billing Start Date: ____ / ____ / ____

3. Signature

Date

THE POWER OF YOUR DONATION

LIVE UNITED

Together, we enrich the lives of children and families across Santa Barbara County.
What you spend on a weekly basis can be used to make a big annual impact in our community!

WEEKLY SPEND

ANNUAL IMPACT



\$10
cup of coffee

=



1 STUDENT
attend free tutoring



\$20
dry cleaning

=



2 STUDENTS
use online literacy tools throughout the year



\$25
movie tickets

=



2 STUDENTS
attend Early Learning Success Institutes



\$30
dinner out

=



300 FAMILIES
receive free income tax assistance



\$35
online purchase

=



1 CHILD
receives a Fun in the Sun scholarship

OPTIONAL: I would like to FOCUS my gift where the need is greatest in Santa Barbara County

OR **CHOOSE ONE** of the following designation options:

- Education: Help students improve school readiness and academic achievement (Code 733)
- Crisis Response & Recovery: Support crisis and disaster response and long-term recovery (Code 91624)
- Financial Empowerment: Help promote financial stability and independence (Code 739)
- Give to a specific United Way program

Program Name: _____

- Give to another geographic area or 501(c)(3) nonprofit organization (*\$115 annual pledge minimum*)

Organization Name: _____

Address: _____

City, State, Zip: _____

To learn about our designation policy, visit unitedwaysb.org/campaign-toolkit. Designations to outside organizations may incur a processing fee.

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 and paid. Consult your tax advisor for more information.