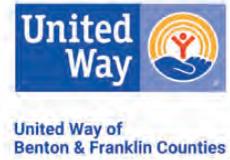


I WANT TO MAKE A DIFFERENCE TODAY!

YES! I pledge to strengthen my community by improving the lives of children, families, and those in need in Benton & Franklin Counties, as we recover and rebuild after the COVID-19 pandemic.



1 ABOUT ME

We use contact information to process gifts and occasionally tell you about community impact; we will not share it.

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

EMPLOYER _____ EMPLOYEE ID NUMBER _____ SPOUSE/PARTNER NAME _____

PERSONAL EMAIL _____ PERSONAL PHONE (____) _____ YEAR OF BIRTH _____ I'm retiring: _____ MONTH/YEAR

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

Please tell us what name(s) to use to when we thank you in recognition materials: (Ex. John & Jane Smith)

_____ I wish to remain anonymous. Please do not use my/our names for recognition purposes.

2 MY IMPACT

EXAMPLES OF THE POWER OF YOUR GIFT

\$1,000 Help a domestic violence survivor get into safe housing | \$500 Shelter a homeless youth for 6 months
\$250 Help an adult with disabilities get a job | \$100 Empower a victim of sex trafficking through therapy | \$50 Feed 20 people in need

EASY PAYROLL DEDUCTION

A) Gift amount per pay period:

\$500 \$250 \$100 \$75

\$50 \$25 Other \$ _____

B) Your pay periods per year:

12 (monthly) 24 (bi-monthly) 26 (bi-weekly)

52 (weekly) One time Other _____

Total Annual Payroll Deduction (A x B):

\$ _____

OTHER GIVING OPTIONS

A) Giving frequency:

12 (monthly) 4 (quarterly) One time

B) Amount /payment: \$ _____ Start date _____

Total Annual Payment (A x B) or cash/check total:

\$ _____

Credit Card # _____ Exp. ____/____ Security Code _____

Cash/Check Check # _____ Date _____

Bill Me *If different than above, please provide billing address: _____

Automatic Bank Withdrawal Routing # _____ Account # _____

Please make this a perpetual gift

Check here to make your credit, bank withdrawal, or billing ongoing, until you request otherwise.

Your **consistent support** minimizes fundraising costs and puts more money where it's needed most.



SIGNATURE _____ DATE _____

REQUIRED FOR AUTHORIZATION. Your donation is tax-deductible; please make a copy. No goods or services were provided in exchange for this contribution.

THANK YOU FOR MAKING BENTON & FRANKLIN COUNTIES BETTER FOR EVERYONE.

OPTIONAL

You can choose your preferred donation area(s) below. If no selection is made, it will be invested where it's needed most in our community.

A I want to help my community recover from the effects of COVID-19. **Invest my donation where it is needed most— the areas of greatest need.**

B Please distribute my donation as follows:

EDUCATION \$ _____ /YR

Helping kids succeed by educating parents, preparing children for school, and increasing graduation rates.

HEALTH \$ _____ /YR

Increasing access to physical and mental health care, and supporting our vulnerable populations.

FINANCIAL STABILITY \$ _____ /YR

Building independence by providing support and training that leads people to financial stability.

BASIC NEEDS \$ _____ /YR

Fighting to end hunger and homelessness, meet fundamental needs, and eliminate violence.

C Please designate to the 501(c)(3) organizations below*. Do not release my/our names to agency below.

Agency Name _____ City _____ State _____ \$ _____ Year _____

Agency Name _____ City _____ State _____ \$ _____ Year _____

Donor: please make a copy for your records and return original to your Campaign Coordinator.
Campaign Coordinator: please provide original to payroll before forwarding to United Way.

uwbco.org | 401 N. Young St. Kennewick, WA. 99336 | 509-783-4102

UNITED, we shape the future.



Last year, we read the stats in Benton & Franklin Counties:

1 IN 50
STUDENTS ARE
HOMELESS

13% INCLUDING KIDS
AND SENIORS
LIVE IN POVERTY

19% OF HIGH SCHOOL
STUDENTS ARE
NOT GRADUATING

1 IN 25 CHILDREN
REPORT
ABUSE OR NEGLECT

We responded! We UNITED volunteers, agency partners, local companies and donors to create sustainable change. UNITED, we improved the lives of **57,413** local children and neighbors.

52,051 RECEIVED ACCESS
TO BASIC NEEDS

2,474 RECEIVED ACCESS TO
HEALTH CARE SERVICES

2,700 RECEIVED RESOURCES
TO SUCCEED IN SCHOOL

188 RECEIVED RESOURCES
TO BECOME OR STAY
FINANCIALLY STABLE

THAT WAS BEFORE COVID-19. IT WILL TAKE MORE TO HELP OUR COMMUNITY RECOVER. WILL YOU HELP?

We all benefit when local children, their families, and our most vulnerable neighbors receive access to education, health, financial stability, and basic needs. UNITED, we can make the “new normal” healthy and safe.

OUR PRIVACY PLEDGE TO YOU:

We will never share or sell any of your information. If you designate your gift, your information may be given to that agency unless you select otherwise on the front of this form.

We may publish your name and/or company in recognition materials, unless you select otherwise.

WE'LL CONTACT YOU IF:

Designated organization(s) is not easily identified by information provided, is not a registered 501(c)(3), does not certify as Patriot Act compliant, is no longer in operation, and/or does not cash any checks within one year of payout.

*If we are unable to reach you, your gift will go to where it is needed most in our local community—our areas of greatest need.

401 N Young St
Kennewick WA. 99337

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