



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.

MR/MRS/MS/DR	FIRST NAME	MIDDLE INITIAL	LAST NAME
EMPLOYER	EMPLOYEE ID (REQUIRED)		DEPARTMENT
HOME ADDRESS (PLEASE LIST BILLING ADDRESS)			
CITY	STATE	ZIP CODE	PHONE NUMBER
E-MAIL ADDRESS (Please provide your personal email address so we can show you how your contribution is making a difference and keep you informed of events and volunteer opportunities)			

2. MY GIFT

Please choose how you want to invest in your community.

Option A

LOCAL SOLUTIONS FOR ALL: United Way Community Impact Fund.

The most powerful way to invest your contribution.

AMOUNT \$ _____

Option B

EDUCATION Helping children and youth achieve their potential through education.

- Book of the Month Club
- Raising a Reader
- Home Libraries
- Family Life Education
- Born Learning Trails

AMOUNT \$ _____

HEALTH Improving people's health through food security and increasing health education.

- Healthy Minds, Healthy Bodies
- Single Care Prescription Cards
- Clean Air Initiative
- PPE Distribution

AMOUNT \$ _____

FINANCIAL STABILITY Helping families become financially stable and independent.

- VITA - Volunteer Income Tax Assistance
- PG&E Reach Program
- California Mortgage Relief Program
- Financial Literacy Workshops

AMOUNT \$ _____

3. PAYMENT OPTIONS

Please select payroll deduction, credit card, or a direct one-time gift.

PAYROLL DEDUCTION \$ _____ each pay period.

- One-Time Deduction Make this donation each pay period for _____ pay periods.

CREDIT CARD

To pay your pledge securely by credit card, please visit www.uwkern.org to make your gift online.

DIRECT ONE-TIME GIFT (CASH OR CHECK)

Please attach to this form and make check payable to United Way of Kern County.

4. SIGN & DATE

Please check the accuracy of all your entries. Thank you for investing in United Way of Kern County.

Signature _____

Date (mm/dd/yyyy) _____

Thank you for your contribution. No goods or services were provided in exchange for this contribution. Your donation is tax-deductible as allowed by law. Federal ID# 95-2274560. 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 to a charitable organization.