



United Way Pledge Form For use by OCERS Retirees

1. ABOUT YOU (Please Print)

Mr. ___ Mrs. ___ Ms. ___ First Name _____ M.I. _____ Last Name _____

Home Address _____ City _____ State _____ ZIP _____

Mobile Phone _____ Home Email _____

I'd like to receive the monthly "Doing More" e-newsletter. _____

Let us know if you have a specific area of interest (We do not rent, trade, or sell our donor list).

___ Education ___ Health ___ Housing ___ Financial Stability

2. YOUR GIFT

My gift to Orange County United Way

Together, we improve the lives of adults and children right here in Orange County.

My gift to Orange County United Way will support the fight for the four most critical, interconnected needs in our community-Education, Health, Housing, and Financial Stability.

Additional gift (other Nonprofit agency) - \$60 minimum annual per organization

Name of the other agency _____

For gifts to other nonprofits that qualify as 501(c) (3) tax deductible and Patriot-Act compliant organizations, a processing fee of 9% will be applied. (Exceptions may apply for Leadership and Tocqueville giving levels).

My Total Annual Gift

3. PAYMENT METHOD

Here is my pledge. Please check the appropriate boxes.

RETIREMENT DEDUCTION

\$	X	=\$
Amount per pay period	Number of Pay Periods	Total gift

OTHER PAYMENT OPTIONS

Cash (amount enclosed)

Check# _____
(payable to Orange County United Way)

Credit Card (amount)
(minimum annual contribution \$120)

___ In Full ___ Quarterly *If left blank, the contribution will be charged in full.*

Name on Card _____

Credit Card# | | | | | | | | | | | | | | | | | | | | | |

Exp. Date _____
Month Year

Signature Required **X** _____ Date _____