



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	SUFFIX
EMPLOYER			EMPLOYEE ID	
HOME ADDRESS				UNIT NO.
CITY	STATE	ZIP CODE	PHONE NUMBER	
E-MAIL				BIRTH DATE (MM/DD/YYYY)

2. MY GIFT

My total gift to the annual campaign: \$ _____

WHAT I WANT MY GIFT TO IMPACT

COMMUNITY IMPACT FUND
 I choose to influence the condition of all - fighting for the health, education and financial stability for those in need across the community.
 \$ _____

UNITED WAY IMPACT AREAS
 EDUCATION
 FINANCIAL STABILITY
 HEALTH
 \$ _____

DOLLY PARTON'S IMAGINATION LIBRARY
 Give the gift of literacy to local children ages 0-5 with quality, age-appropriate books mailed directly to their home.
 \$ _____

OPTIONAL: DESIGNATION
 Please see Designation Policy on back of this page for information needed.

_____ \$ _____

3. PAYMENT OPTIONS

PAYROLL DEDUCTION \$ _____ each pay period
 One-Time Deduction Make this donation each pay period for ___ pay periods

PERSONAL CHECK/CASH
 Please attach to this form and make check payable to United Way.

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

BILL ME (home address required)
 Monthly Quarterly One-time
 BILLING DATE ____/____/____ (MM/YYYY)

4. MY IMPACT AREA

United Way is committed to investing dollars back into the community in which they are raised. Please indicate which county you would like to receive your donation.



5. MY RECOGNITION

My annual gift may qualify me for the following:

Leadership Giving (\$1,000+)

To be recognized for combined household gifts, please provide the following information:

 Name of Spouse/Partner

 Employer of Spouse/Partner

I prefer no public recognition/ My gift is anonymous

6. I WANT TO LEARN MORE

Please send me information about upcoming volunteer opportunities and ways I can impact my community by donating time.

Please send me information about how I can create a community legacy by including United Way in my will or estate plan.

Please send me information about how I get involved in my community as a young professional.

SIGN & DATE

X _____

Thank you for your contribution through United Way. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records.
 If you made a contribution via payroll deduction, 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.

DATE (MM/DD/YYYY)

SERVICE AREA: Linn County ● Benton County ● Lincoln County ●

INITIATIVES & COLLABORATIVES

211 ● ● ●

Dolly Parton's Imagination Library ● ● ●
Linn County CAN ●

SingleCare ● ● ●

South Benton Advisory Committee ●

FUNDED AGENCY PARTNERS

ABC House ● ●
Albany InReach Services ●
Albany Public Schools Foundation ●
Benton Habitat for Humanity ●
B'nai B'rith Camp ●
Boys & Girls Club of Albany ●
Boys & Girls Club of Corvallis ●
Boys & Girls Club of the Greater Santiam ●
CASA of Linn County Inc. ●
CASA- Voices for Children ● ●
Cascade Pacific Council Boy Scouts of America ●
Central Linn Recreation Association ●
Coastal Range Food Bank, Inc ● ●
Corvallis Daytime Drop in Center ●
Community Outreach, Inc ● ●
Corvallis Environmental Center ●
Corvallis Multicultural Literacy Center ●
Family Assistance & Resource Center Group ●
FISH of Albany ●
FISH of Lebanon ●
Food Share of Lincoln County ●
Furniture Share ● ●
Girl Scouts of Oregon & Southwest Washington ●
Jackson Street Youth Services ●
KidSpirit Oregon State University Foundation ●

LBCC Foundation Inc - Family Connections ●
Mid-Willamette Valley Family YMCA ●
Obria Medical Clinic ●
Old Mill Center for Children and Families ● ●
One2another ●
Ophelia's Place ●
Oregon Cascades West Senior Services Foundation - Meals on Wheels ● ●
Philomath Community Services ●
Philomath Youth Activities Center (PYAC) ●
Scio Youth Club ●
Sharing Hands ●
South Corvallis Food Bank ●
Stone Soup Corvallis, Inc. ●
St. Vincent De Paul ●
Strengthening Rural Families ●
Sweet Home Emergency Ministries (SHEM) ●
The Community Before & After School Child Care Program (CAP) ● ●
The Salvation Army ● ●
Unity Shelter ●
Village Food Pantry ● ●
Vina Moses Center ●
Volunteer Caregivers ●
We Care ●
Yakona Learning Center ●

GRANTING PARTNERS

Albany Rotary ●
Benton Community Foundation ●
City of Corvallis Social Service Funds ●
Doris and Bill Scharpf Foundation ●
Emergency Food and Shelter Program ● ● ●
Greater Albany Rotary Club ●
Lebanon Rotary ●
Margaret E. Hull Fund of the OCF ●
Rippey Family Foundation ●

Rotary District 5110 ●
Samaritan Health Services ●
Sweet Home Rotary Club ●
Target Distribution Center T-558 ●
The Ford Family Foundation ●

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UNITED WAY DESIGNATION POLICY

To help United Way in processing your designated gift, please provide the name, address and EIN Number for any designated agency and/or non-profit listed. United Way shall assume no liability for the use of said designated funds, misleading or false statements made by said organization, or providing continued funding to said organization from designated funds or non-designated funds in succeeding calendar years. If adequate donor or designation information is not made available, United Way will make reasonable effort to work with the donor to steward their donation appropriately and collect that information. In the event that United Way cannot locate the designated agency, the donor will be given the option to defer their gift to the general fund or have their donation refunded. Designations may be made through the following means: cash, check, credit card, direct bill, or payroll deduction. United Way will honor all designations that total \$50.00 or more annually and are accompanied by a completed donor designation card. For more information regarding designations, please visit unitedwaybl.org.