

A	B	C	D	E
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	EMPLOYEE NAME FIRST INITIAL, MIDDLE INITIAL, LAST NAME (AS PRINTED ON PAY WARRANT)	AGENCY #	UNIT #	CURRENT DONOR UNITED WAY #

The last four digits of your SSN is required by the State Controller's Office for payroll processing.



2020 PLEDGE FORM

CONTACT INFORMATION

PLEASE PRINT LEGIBLY USING A BALL POINT PEN.

REQUIRED	NAME	<input type="checkbox"/> I do not want my information to be released to my nonprofit(s).
	HOME ADDRESS	
	CITY/STATE/ZIP	
	PHONE* <input type="checkbox"/> WORK <input type="checkbox"/> CELL	PERSONAL EMAIL*

*If the nonprofit you've selected cannot be located or is not a qualified organization, we will make every reasonable attempt to contact you for 30 days before directing that portion of your gift to United Way. For us to contact you, a phone number or email address **must** be provided above.

MANAGE DONATION

SELECT ONLY ONE ACTION FROM THE SEVEN OPTIONS BELOW.

MONTHLY AMOUNT (\$5 MINIMUM) $\times 12$ TOTAL ANNUAL DONATION

1	<input type="checkbox"/> START A NEW ONGOING PAYROLL DONATION. Complete box A with full social security number, complete section 8, then sign and date below.	F \$	G \$
2	<input type="checkbox"/> CHANGE YOUR CURRENT ONGOING PAYROLL DONATION. <i>Consider increasing your gift by \$5.</i> Complete Box A with full social security number, complete section 8, then sign and date below.	H \$	I \$
3	<input type="checkbox"/> RETIRING? Give after retirement through CALPERS. Fill out box A and B, complete section 8, then sign and date below.	J \$	K \$
4	<input type="checkbox"/> MAKE A ONE-TIME GIFT WITH CASH OR CHECK. Does not affect existing payroll deductions. Only checks payable to Our Promise can be accepted. Complete section 8, then sign and date below.	TOTAL ONE-TIME GIFT: L \$	
5	<input type="checkbox"/> MAKE NO CHANGES. Keep things "as is" from the previous year: your donation will automatically rollover. PLEASE INITIAL HERE:		
6	<input type="checkbox"/> CANCEL YOUR EXISTING PAYROLL DONATION. Complete Box A with full social security number, then sign and date below.		
7	<input type="checkbox"/> DECLINE PARTICIPATION. Sign and date below. <i>NOTE: If you have an existing payroll deduction, please use ACTION 6 above.</i>		

SELECT NONPROFIT(S)

8 PLEASE COMPLETE THIS SECTION IF YOU SELECTED ACTION 1, 2, 3, OR 4 ABOVE. YOU CAN DIRECT ALL OR PART OF YOUR DONATION TO THE NONPROFIT(S) OF YOUR CHOICE.

There is a minimum of \$5/month PER nonprofit that you select. To find specific nonprofits certified by the Our Promise campaign along with their unique OP Code#, please reference the printed **Nonprofit Guide** or **OurPromiseCA.org/find-nonprofit**.

NONPROFIT NAME (If left blank, funds will go to support your local United Way)	OP CODE#	MONTHLY AMOUNT (\$5 MINIMUM) $\times 12$	TOTAL ANNUAL DONATION
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
WRITE IN YOUR FAVORITE NONPROFIT: If your preferred nonprofit is not listed in our guide, and they have a current 501(c)(3) filing, please visit GuideStar.org to easily find their EIN/TAX I.D.# to complete this section.		MONTHLY AMOUNT (\$5 MINIMUM) $\times 12$	TOTAL ANNUAL DONATION
REQUIRED	NONPROFIT NAME	\$	\$
	ADDRESS	CITY/STATE/ZIP #	
	PHONE NUMBER	EIN or TAX I.D. #	

☐ NEED MORE SPACE? Check this box. Fill out an additional pledge form with the CONTACT and SELECT sections only. Total all pages and sign the first page only. Submit all pages together.

PLEASE BE SURE TO INCLUDE THE EIN OR TAX I.D. NUMBER SO YOUR DONATION CAN REACH YOUR CHOSEN NONPROFIT.

SIGN

I AUTHORIZE THE STATE CONTROLLER TO RELEASE MY DONATION AND UWCCR TO PROCESS MY SELECTED DONATIONS TO MY NONPROFIT(S) AS INDICATED.

CONFIRM TOTAL DONATION SHOULD MATCH TOTAL ANNUAL DONATION LISTED IN G, I, K, OR L

SIGNATURE REQUIRED (INK ONLY)	DATE	\$
-------------------------------	------	----

ONLY PLEDGE FORMS WITH ACTION REQUIRED NEED TO BE RETURNED.
For more detailed information, visit **OurPromiseCA.org**.

THANK YOU!

CALIFORNIA GOVERNMENT CODE 14659 REQUIRES EACH EMPLOYEE SHALL BE PROVIDED A PLEDGE FORM; HOWEVER, EMPLOYEES ARE NOT REQUIRED TO COMPLETE THE PLEDGE FORM UNLESS THEY WISH TO MAKE A CHANGE TO THEIR PARTICIPATION. NOT PRINTED AT GOVERNMENT EXPENSE. THIS IS A CHARITABLE CONTRIBUTION. NO GOODS OR SERVICES WERE PROVIDED IN EXCHANGE FOR THIS CONTRIBUTION. CONSULT YOUR TAX ADVISOR FOR MORE INFORMATION. OURPROMISECA.ORG.

REV 2020