

2026 | PLEDGE FORM



UNITED WAY
York County

140 E. Market Street, York, PA 17401 · 717-843-0957 www.unitedway-york.org

1 MY INFORMATION

PREFIX _____		FIRST NAME _____		LAST NAME _____	
WORK EMAIL _____		<input type="checkbox"/> PREFERRED		PERSONAL EMAIL _____	
		<input type="checkbox"/> PREFERRED			
HOME ADDRESS _____		CITY _____		STATE _____	
				ZIP CODE _____	
WORK PHONE _____		CELL PHONE _____			
EMPLOYER _____			DATE OF BIRTH _____		

2 MY INVESTMENT

PLEASE CHOOSE ONE OF THE FOLLOWING WAYS TO GIVE

<input type="checkbox"/> EASY PAYROLL DEDUCTION I want to contribute the following amount each pay period: <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$39 <input type="checkbox"/> Other \$ _____ Pay periods per year _____ <small>(12, 24, 26, 52, etc.)</small> My total payroll gift \$ _____	<input type="checkbox"/> ONE-TIME GIFT Direct gift to be paid by: <input type="checkbox"/> Cash (Enclosed) <input type="checkbox"/> Check (Enclosed) Check # _____ <input type="checkbox"/> Stock- Please email me Email Address _____ My total one-time gift \$ _____	<input type="checkbox"/> BILL ME Billed gift to be paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One time only START DATE mm / ____ / yyyy My total billed gift \$ _____
--	--	--

3 MY TOTAL GIFT \$

4 MY SIGNATURE

DATE

THE REST OF THE FORM IS OPTIONAL

5 MY IMPACT

- YES! I wish to direct my gift to the Impact Fund- the most effective way to support local households.**
- OR, DIRECT YOUR GIFT TO ONE OF OUR FOCUS AREAS** Financial Wellness \$ _____ Transportation Fund \$ _____
- OR, DIRECT MY GIFT TO MY LOCAL UNITED WAY** _____ Childcare Scholarships \$ _____

OR OPTIONAL AGENCY DESIGNATION: Limited to donors giving \$1,000 or more annually with a minimum of \$250 required for each designation. Otherwise, the designation will be directed to United Way of York County's Impact Fund.

Designate my Gift: To a 501(c)(3) agency

AGENCY _____ Of my total gift, please provide \$ _____ to the agency.

AGENCY ADDRESS (REQUIRED) _____	CITY _____	STATE _____	ZIP CODE _____
---------------------------------	------------	-------------	----------------

6 MY INVOLVEMENT

CONNECT WITH US! Explore networking, recognition and educational opportunities. Check all that apply.

- EMERGING LEADERS SOCIETY (ELS):** A total gift of at least \$250 or step-up of \$100 qualifies you as an ELS member. Please indicate below how you wish to be recognized.
- WOMEN UNITED:** A total gift of at least \$500 or step-up of \$250 qualifies you as a Women United member. Please indicate below how you wish to be recognized.
- LEGACY GIVING:** I want to make an impact for future generations in York County through the 1921 Legacy Circle.
- FIRST CAPITAL CLUB:** A total gift of at least \$1,000 or step-up of \$500 qualifies you as a First Capital Club member. Please indicate below how you wish to be recognized.
- UNITED FOR CHANGE:** A total gift of at least \$5,000 or step-up of \$2,500 qualifies you as a United for Change member. Please indicate below how you wish to be recognized.
- ALEXIS DE TOCQUEVILLE SOCIETY:** A total gift of at least \$10,000 or step-up of \$5,000 qualifies you as an Alexis de Tocqueville Society member.

Please indicate below how you wish to be recognized.

- I would like my spouse or partner's name and gift to be recognized with mine. (Please indicate combined Recognition Name below.)
- I would like to combine my gift with my spouse or partner's. (Please indicate combined Recognition Name below.)

FOR RECOGNITION PURPOSES MY/OUR NAME SHOULD READ AS ABOVE

SPOUSE/PARTNER NAME

OR, I want to remain anonymous.

SPOUSE/PARTNER EMPLOYER

JOIN US IN ASSISTING WORKING HOUSEHOLDS ON THEIR JOURNEY TOWARD FINANCIAL STABILITY

With one donation, you can help your neighbors and friends. Gifts to United Way of York County's Impact Fund are dollars that stay in our community and impact lives where you live and work. Working households are the backbone of our community – and when one of us struggles, none of us can thrive.

But sometimes, the simplest solution can be **life changing**.

Now is the time to

GIVE BACK. GET INVOLVED. TAKE ACTION.



WHAT DOES A DOLLAR DO?

\$6 per pay
(\$144/year)

Provides transportation to work, helping someone maintain steady employment.

\$12 per pay
(\$300/year)

Sponsors a household to attend a financial wellness workshop with free childcare and dinner.

\$25 per pay
(\$600/year)

Ensures twenty households receive free income tax preparation.

\$50 per pay
(\$1,200/year)

Contributes to a childcare scholarship, enabling parents to work.

THANKS TO YOU....

What would you do if taking a job meant losing your childcare?

When Paola moved to York County from Puerto Rico, she was in search of better opportunities for her family. She was alone with two small children, with no family nearby who could help her navigate her new surroundings.

Her children quickly became comfortable at their new early learning center, but Paola didn't know how she would afford to keep them in care.

Thanks to your gift to our Early Childhood Education Scholarship Fund, Paola's children can continue to get the high-quality care they deserve.

Without this scholarship, Paola would have had to work multiple jobs to make ends meet. But **because of your support**, she can go to work and know that her kids are safe and loved.



Only designations to tax-exempt 501(c)3 organizations can be honored. A copy of the official registration and financial information for United Way of York County may be obtained from the PA Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. No fees are assessed on designations to United Way of York County partner agencies.

Thank you for your contribution to the United Way Campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. For pledges paid through payroll deduction, you will also need a copy of your pay stub or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.