



Salina Area
UNITED WAY

EMPLOYEE PLEDGE FORM

YOUR PLEDGE

Name: _____

Employer: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

☐ Check here if you'd like your gift to be anonymous.

YOUR GIFT

Payroll Deduction:

\$_____ per pay period

Total Annual Gift \$_____

☐ Weekly (52)

☐ Bi-Weekly (26)

☐ Semi-Monthly (24)

☐ Monthly (12)

☐ One Time

Gift Enclosed:

Total Gift Amount: \$_____

☐ Cash or Check

☐ Automatic Bank Draft
(please include voided check)

☐ Credit Card
(Click "Donate" button at
unitedwaysalina.org)

☐ I would like a tax receipt to be sent directly to me.

Bill Me:

\$_____ per bill

Total Annual Gift \$_____

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Once

YOUR IMPACT

☐ Pillar Support Fund - use my gift where it's needed most*

☐ United Way's Focus Areas (\$ or %)

Youth Opportunity _____ Healthy Community _____

Financial Security _____ Community Resiliency _____

☐ I am interested in volunteer opportunities with United Way
or in the community.

**THANK YOU FOR
YOUR
GENEROUS GIFT!**

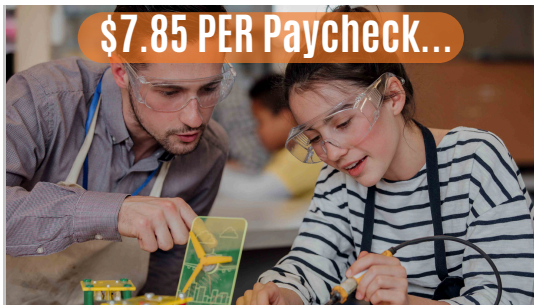
Signature: _____ Date: _____

SALINA AREA UNITED WAY

Our Mission is to strengthen North Central Kansas by uniting people and resources to build resilient, thriving communities.

THE IMPACT OF YOUR GIFT ADDS UP OVER A YEAR:

\$7.85 PER Paycheck...



\$10 PER Paycheck...



\$25 PER Paycheck...



Swap one coffee run ...

... match a local student with a mentor who helps them find strengths and plan what's next.

Add one subscription ...

... connect neighbors in crisis to real-time help with food, housing, and bills.

Trade one pizza night ...

... help uninsured and low-income neighbors access specialty medical care.

OUR CORE PILLARS

Youth Opportunity – Helping young people realize their full potential.

Financial Security – Creating a stronger financial future for every generation.

Healthy Community – Supporting wellness, stability, and safe environments for all.

Community Resiliency – Addressing urgent needs today for a better tomorrow.

OUR PROGRAMS & INITIATIVES



328 N Ohio St. Salina, KS 67401 | 785-827-1312 | sauw@unitedwaysalina.org

* No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. Tax ID 48-0573808
Salina Area United Way will provide receipts for gifts of \$250 and above if check box was selected under "Your Gift".

† 90 percent of every dollar contributed goes directly to your selected programs or agencies. A maximum of two designations with a minimum of \$20 each is allowed. Unless otherwise specified, multiple designations will be split evenly. If less than \$20 is designated or funds are designated outside of SAUW service area, all funds will be automatically reallocated to Salina Area United Way's pillar fund. Requests to pay designations in a specific order cannot be accommodated.

‡ To reduce cost and waste, Salina Area United Way uses e-mail as a main form of communication. By providing your e-mail address, you are authorizing Salina Area United Way to communicate with you via e-mail. You may opt out of these communications at any time. We do not sell, trade, or share your contact information with others.