

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

Your full SSN is required by the State Controller's Office for payroll processing. See FAQ for more information.



STEP 1 PROVIDE YOUR INFORMATION PLEASE PRINT LEGIBLY USING A BALL POINT PEN.

PLEDGE FORM

For new donors and/or if your information changes.

NAME	
HOME ADDRESS	
CITY/STATE/ZIP	
PHONE* <input type="checkbox"/> WORK <input type="checkbox"/> CELL	PERSONAL EMAIL*
1 <input type="checkbox"/> If you are making a donation but would like to be an anonymous donor, check this box.	

STEP 2 MANAGE YOUR PAYROLL DONATION OR ONE-TIME GIFT

SET UP A NEW ONGOING PAYROLL DONATION

2 <input type="checkbox"/> START PAYROLL DONATION Fill out box A with full social security number, complete section 10 and sign and date line 11.	MONTHLY AMOUNT (\$5 MINIMUM)	TOTAL ANNUAL DONATION
	F \$	G \$

OR CHANGE AN ONGOING PAYROLL DONATION
PLEASE CHECK ONLY ONE BOX BELOW.

3 <input type="checkbox"/> CHANGE PAYROLL DONATION Fill out Box A with full social security number, complete section 10 and sign and date line 11.	MONTHLY AMOUNT (\$5 MINIMUM)	TOTAL ANNUAL DONATION
	H \$	I \$

4 **CHANGE NONPROFIT SELECTION(S)** Complete section 10 and sign and date line 11.

5 **STOP PAYROLL DONATION**
Complete Box A with full social security number, sign and date line 11.

6 <input type="checkbox"/> THIS IS A NON-PAYROLL ONE-TIME CASH OR CHECK GIFT Only checks payable to Our Promise will be accepted. Complete section 10 and sign and date line 11.	J \$
	TOTAL ONE-TIME GIFT

7 **I DO NOT WISH TO PARTICIPATE IN THE OUR PROMISE CAMPAIGN.**

8 **GIVE AFTER RETIREMENT THROUGH CALPERS.**
If you want to contribute after retirement, fill out box A and B, complete section 10 and sign and date line 11.

DATE OF RETIREMENT (MO/YR): _____

TOTAL MONTHLY DONATION AMOUNT AFTER RETIREMENT (\$5 MINIMUM): \$ _____

9 **MAKE NO CHANGES.**
I WOULD LIKE TO KEEP THINGS "AS IS" FROM THE PREVIOUS YEAR. If no changes are made, your donation will automatically rollover from the previous year.

INITIAL: ▶ _____

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.

STEP 3 10 SELECT YOUR NONPROFIT(S)

You can direct all or part of your donation to the nonprofit(s) of your choice. To find specific nonprofits certified by the Our Promise campaign along with their unique nonprofit code, visit OurPromiseCA.org/find-nonprofit.

NONPROFIT NAME (If left blank, funds will go to support your local United Way)	NONPROFIT CODE / ORG #	MONTHLY AMOUNT (\$5 MINIMUM)	TOTAL ANNUAL DONATION
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
WRITE-IN NONPROFIT: Select a nonprofit not certified with the Our Promise Campaign, but has a current 501(c)(3) filing.		MONTHLY AMOUNT (\$5 MINIMUM)	TOTAL ANNUAL DONATION
REQUIRED	NONPROFIT NAME	\$	\$
	ADDRESS		TOTAL DONATION (SHOULD MATCH ANNUAL DONATION LISTED IN G, I OR J)
	CITY/STATE/ZIP		
	PHONE NUMBER		

By signing below, you authorize United Way California Capital Region (UWCCR) to process your donation. *If the nonprofit you've selected cannot be located or is not a qualified organization, every reasonable attempt will be made to contact you via the information provided in step 1 before directing any undesignated portion of your gift to your local United Way.

STEP 4 SIGN BELOW

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

SIGNATURE REQUIRED (INK ONLY) _____ **DATE** _____



HOW TO GIVE

IF YOU WANT TO DO THIS

FILL OUT THIS BOX

- Donate to your favorite nonprofit for the first time **2**
- Change your donation amount **3**
- Change your receiving nonprofit **4**
- Stop all of your existing donations **5**
- Make a one-time gift **6**
- Not participate in Our Promise this year **7**
- Give after retirement **8**
- Simply continue your donations from last year **9**



FOR CUSTOMER SERVICE,
PLEASE CONTACT
888-863-6466

FOR DETAILED CAMPAIGN
INFORMATION, VISIT
www.OurPromiseCA.org



FREQUENTLY ASKED QUESTIONS

For a full list of FAQs, visit
www.OurPromiseCA.org/FAQs



WHY AM I BEING INVITED TO PARTICIPATE IN OUR PROMISE?

For more than 60 years, state employees have raised millions of dollars for nonprofits throughout California and the nation. Thanks to CA Govt. Code §14659, **all state employees have the right to help create a stronger, healthier California by donating to their favorite nonprofits through payroll donation.** Statistics show that on average making a donation through payroll deduction results in an impact six times greater than a one-time donation!



HOW CAN I DONATE TO MY FAVORITE NONPROFIT IF IT IS NOT ON THE WEBSITE?

Through Our Promise, you can donate to any valid 501(c)(3) nonprofit. If the nonprofit of your choice is not listed at **www.OurPromiseCA.org/Find-Nonprofit**, you may utilize the "Write-In Nonprofit" section of the pledge form. Required information includes the nonprofit's name, tax ID number, and address so we can confirm their 501(c)(3) status. You can find these details at **www.GuideStar.org**.



CAN I MAKE ANY CHANGES DURING THE YEAR OR DO I HAVE TO WAIT FOR NEXT YEAR?

Any additions or changes are easy to make year-round. For more information about starting, stopping, or adding donations throughout the year, please email **OurPromiseCA@uwccr.org**.



WHY DO YOU NEED MY SOCIAL SECURITY NUMBER?

Payroll deduction donations are processed through the State Controller's Office. Your SSN is the unique identifier required to ensure your donation is applied to the correct pay warrant.



DID YOU KNOW...?

Your donation will be deducted starting in January 2019.
If no changes were made, your donation will roll over from the previous year.
After that, your donations will be given on a quarterly basis.

Making a difference has never been easier!