

2023 Donation Form

UC SANTA BARBARA



Santa Barbara County
320 East Gutierrez Street
Santa Barbara, CA 93101

Return to Business & Financial Services, MC 2040, Attn: United Way
OR pledge online at www.dia.ucsb.edu/unitedway

1. Contact Information

MR / MS / OTHER <i>(Circle One)</i>	FIRST <i>(required)</i>	MIDDLE	LAST <i>(required)</i>	SUFFIX
EMPLOYER UC Santa Barbara		DEPARTMENT		WORK PHONE
HOME ADDRESS <i>(required)</i>			CELL PHONE	
CITY <i>(required)</i>		STATE <i>(required)</i>	ZIP <i>(required)</i>	BIRTHDAY / /
PERSONAL EMAIL			WORK EMAIL	
OPTIONAL: Combine my gift with my spouse/partner Spouse/Partner Name: _____ Spouse/Partner Employer: _____			OPTIONAL - For Public Recognition <input type="checkbox"/> Recognition Name(s): _____ <i>(i.e. Mr. and Mrs. Sample)</i> <input type="checkbox"/> I prefer that my gift remain anonymous	

2. Annual Donation

Giving Levels →

Young Leaders Society
Leadership Giving
Women United

\$300+ annual donation
\$1,000+ annual donation
\$1,500+ annual donation

Option #1: PAYROLL DEDUCTION

A. Number of pay periods: _____

Payroll deductions on this pledge will start in May 2021.

B. Amount per pay period:

- \$50
 \$25
 \$10
 Other \$ _____

(AxB) = TOTAL ANNUAL PLEDGE

\$ _____

Optional: Automatically continue my payroll pledge
(pledge will renew annually unless changed or cancelled)

- I already donate through payroll deduction. I would like to:**
 Increase previous year annual pledge per pay period by:
 \$10 \$5 Other \$ _____
 Maintain previous year annual pledge

OR

Option #2: PAY NOW

Attach CASH or CHECK

\$ _____

Charge credit card

A. Payment frequency:

- Monthly (12)
 Quarterly (4)
 One Time

(AxB) = TOTAL ANNUAL GIFT

\$ _____

B. Payment amount: \$ _____

Card Number: _____

Expiry: ____ / ____

Billing Start Date: ____ / ____ / ____

**If giving via card, cash, or check, submit your form in a sealed envelope. Cards will not be charged until United Way receives form. You can also donate by credit card at www.dia.ucsb.edu/unitedway.*

3. Signature

Date

OPTIONAL: I would like to focus my gift where the need is greatest

OR CHOOSE ONE of the following designation options (optional):

- Education: Help children learn to read and achieve education success (Code 733)
 Financial Stability: Help promote financial stability and independence (Code 739)
 COVID-19 Response: Help provide crisis assistance countywide (Code 91624)

Questions? Call 805-965-8591 or email vdominguez@unitedwaysb.org

No goods or services were provided in exchange for this contribution. Keep a copy of this form for your tax records. Review our designation policy at unitedwaysb.org/campaign-toolkit.

Give to another 501(c)(3) organization (\$115 annual pledge minimum)

Organization Name: _____

Address: _____

City, State, Zip: _____