

STEP #1

Tell Us About Yourself (Please print within the boxes.)

Mr. Mrs. Ms. First Name Last Name Employee ID #

Personal Email Address Birth Year

Home Address

School/Work Site

Which of these Foundation priorities for funding are most important to you?

☐ Removing barriers for students in need.

☐ Enhancing student achievement.

☐ Investing in our high performing educators, support staff and volunteers.

Loyal Donor
How many years have you contributed to The Foundation for Seminole County Public Schools?

STEP #2

Help The Foundation ensure that today's students are tomorrow's productive citizens.

☐ Payroll Deduction

I want to contribute the following amount each pay period:

- ☐ \$40
☐ \$20
☐ \$8
☐ \$4
☐ \$___

X = \$

Number of Pay Periods Total Gift Amount

Is this a change from last year? ☐ Yes ☐ No

☐ A Direct Gift

\$

☐ Cash or Check
(Payable to the Foundation)

Check #: Date:

☐ Credit Card. Call (407) 320-0181 to provide credit card information or scan to make a secure donation online.



☐ Bill Me at Home Quarterly
(Minimum pledge of \$500 is required for BILL ME.)

☐ Stocks or Securities (Estimated Value)
Call (407) 320-0181 for further instructions

\$

Optional: I'd like to give an additional gift to support The Foundation's work with:



Providing services for students in need or in crisis.

- **New!** Families in Need
- Tools4Schools Supply Drive
- Great Start for At-Risk Parents and Babies
- Summer Reading Program



Enhancing student achievement.

- Grants for Great Ideas
- A Gift for Teaching Seminole
- Take Stock in Children
- Arts Alive! funding
- Young Men of Excellence
- **New!** ePathways



Investing in our educators, support staff and key volunteers.

- Annual Teacher of the Year and Employee of the Year Celebration
- Ongoing professional development for educators
- Annual Dividends Appreciation Breakfast

\$

\$

\$

If you are interested in making a restricted gift to an SCPS program, please call 407.320.0176 for instructions.

STEP #3

Help Heart of Florida United Way Change Lives

☐ Payroll Deduction

I want to contribute the following amount each pay period:

- ☐ \$50
☐ \$25
☐ \$20
☐ \$10
☐ \$___

X = \$

Number of Pay Periods Total Gift Amount

☐ A Direct Gift

\$

☐ Cash or Check
(Payable to the United Way)

Check #: Date:

☐ For credit cards gifts (one time or recurring), please call (407) 429-2201.

☐ Please Bill Me at Home Quarterly
(Minimum Pledge of \$500 is required for BILL ME.)

☐ Stocks or Securities (Estimated Value)
Call 407.835.0900 X193 for further instructions

Is this a change from last year? ☐ Yes ☐ No

\$

☐ Designation

\$

Designations (a minimum of \$52 each) may also be donated to another United Way, a specific Heart of Florida United Way Partner/Contract Agency or to any other 501(c)(3) organization. Designations with incomplete or inaccurate information will be disbursed through Community Investment. Ask your site campaign coordinator or campaign presenter for listing.

Agency Code

Agency Name

Agency Address

Optional: I'd like to give an additional gift to support United Way's work with:

EDUCATION

Creating opportunities for children and adults to achieve their greatest potential.



INCOME

Improving financial stability through job skills, budget training & other programs.



HEALTH

Developing healthy children & families by encouraging active lifestyles and healthy decisions.



HOMELESSNESS

Addressing immediate needs, like food and shelter, while coaching toward self-sufficiency.



VETERANS

Helping veterans and military families get the help they need through Mission United, primarily employment, education and legal assistance.



CRISIS

Providing emergency assistance 24/7 for suicide prevention, mental health counseling, & connection programs in crisis situations.



\$

\$

\$

\$

\$

\$

STEP #4

Give Us Your Signature

Sign Here:

(required for all gifts)

Date

☐ No, thank you. I do not wish to give.

We have not provided you with any goods or services in exchange for this pledge. The expenses associated with processing United Way donor designated pledges to non-partner agencies are recovered by applying a 2% management and general fee. Tax receipts, where required, will be mailed the January following payments.

A COPY OF THE OFFICIAL REGISTRATION (CH214) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES AT www.800helpfla.com OR BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Thank You