

Shiawassee United Way Pledge/Donation Form

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME
HOME ADDRESS (For credit card charges, address listed must be your billing address.)			CITY
STATE	ZIP	HOME PHONE	DAYTIME PHONE
COMPANY NAME			

→ SIGNATURE

DATE

PLEASE SELECT YOUR METHOD OF INVESTING

EASY PAYROLL DEDUCTION: X = \$
AMOUNT PER PAY PERIOD: (E.G. \$100, \$50, \$30, \$25, \$10) NUMBER OF PAY PERIODS IN FULL YEAR TOTAL CONTRIBUTION AMOUNT

CHECK ENCLOSED (MADE PAYABLE TO SHIAWASSEE UNITED WAY) \$

CASH GIFT ENCLOSED \$

CREDIT CARD
 TO ENSURE YOUR PRIVACY, USE OUR SECURE WEBSITE: WWW.SHIAWASSEEUNITEDWAY.ORG
 OR CALL: 989-723-4987

(OPTIONAL) I WANT UNITED WAY TO TARGET MY GIFT:

Option A INFLUENCE THE CONDITION OF ALL. UNITED WAY COMMUNITY ACTION THE MOST POWERFUL WAY TO INVEST YOUR CONTRIBUTION!

FOR MORE INFORMATION, VISIT SHIAWASSEEUNITEDWAY.ORG

AMOUNT \$

Option B INVEST IN UNITED WAY'S FOCUS AREAS AS FOLLOWS:

Total must equal amount donated (Minimum \$50 per focus area)

HUNGER NETWORK

HELPING FAMILIES BECOME NUTRITIONALLY STABLE

AMOUNT \$

BASIC NEEDS HELPING FAMILIES IN TIMES OF EMERGENCY

AMOUNT \$

EDUCATION

HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL THROUGH EDUCATION

AMOUNT \$

EMPLOYER RESOURCE NETWORK

HELPING WORKING FAMILIES WITH EMPLOYMENT BARRIERS

AMOUNT \$

INCOME HELPING FAMILIES BECOME STABLE & INDEPENDENT

AMOUNT \$

2-1-1

HUMAN SERVICE/DISASTER INFORMATION LINE

AMOUNT \$

HEALTH IMPROVING PEOPLE'S HEALTH

AMOUNT \$

Thank you for your contribution and for making a positive difference in the lives of people in Shiawassee County. All donations stay in Shiawassee County.

I WISH FOR MY CONTRIBUTION TO REMAIN ANONYMOUS

Option C Restricted Contribution (minimum \$100 per agency contribution) A 15% processing fee will be assessed

AMOUNT \$

Agency name & address

Thank you for your contribution through 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. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

White copy—United Way Yellow copy—human resources Help save donated funds, make a copy for your records.

