

**PERSONAL INFORMATION - PLEASE PRINT**

FULL NAME  Birthdate  E-mail

ADDRESS  City, State, Zip

COMPANY NAME

- I AM A FIRST TIME DONOR       I would like to receive a thank you letter and approve the publication of my name.       Please send me information to volunteer for the Fund Distribution Process.

**PLEDGE METHOD: PLEASE CHOOSE A, B or C**

A. EASY PAYROLL DEDUCTION: This year, I want to contribute the following amount each pay period:

\$50    \$25    \$10    \$5    \$1    Other Amount \_\_\_\_\_       One Time Payroll Deduction

I am paid  Weekly    Every two weeks    Monthly    Twice a month

PAYROLL DEDUCTION YEARLY TOTAL

B. ONE TIME CHARGE (Credit card will be charged by United Way)

CARD NO.  EXPIRATION  AMT \$

C. CASH/CHECK (Make check payable to: United Way of Monroe/Lenawee Counties) Check No.  AMT \$

**ONLINE PAYMENT OPTION**

- To pay online, please go to WWW.UNITEDWAYMLC.ORG and click Donate!

**PLEASE CHOOSE A, B OR C TO IMPROVE OUR COMMUNITY**

Option A **GENERAL FUND: Please select which county to support.**

A contribution to United Way of Monroe/Lenawee Counties General Fund supports the most pressing needs affecting your community and puts your contribution to work where it's needed most by focusing on all of the areas below. No goods or services were given in exchange for this contribution.

Monroe County

Lenawee County

Option B Partner Agency - OR you may choose to direct your contribution to any of United Way's three focus areas.

Partner Agencies: See Brochure for Listings      % of pledge to Partner Agency

Partner Agency Name

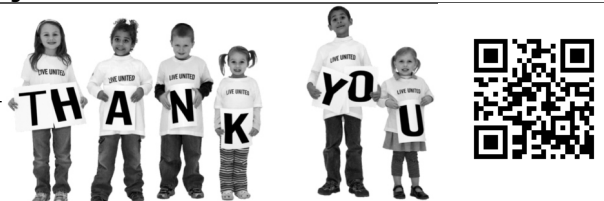
Health       Education       Income

% of pledge to focus area.

**\*\* Our policy will honor designations of \$50 or greater only to member agencies/state agencies or other United Ways only. If unable to do so, your funds will be placed in the General Fund and be used to help all our partner agencies.**

Option C  Specific State Agency - Write agency name below  
 501 (C)(3) Health and Human Service United Way Partner Agencies Only.

Other United Way - Write the United Way name below.



**YOUR SIGNATURE/DATE TO AUTHORIZE PLEDGE AND PAYMENT (Required for payroll deduction and credit card authorization).**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR INVESTING IN UNITED WAY**