

DONOR INFORMATION

PLEASE PRINT CLEARLY. Your personal information is confidential and will not be sold or shared.

First Name M.I. Last Name Birthdate (for sweepstakes eligibility)

Street Address City State Zip

Mobile Number _____ Home Email _____

Employer _____ I plan to retire in the next 14 months.

Combine my gift with _____ Employed at _____
(Name of spouse/significant other)

List our names as _____ I/We wish to remain anonymous.

I prefer to be thanked for this donation by: Email Mail No Thank you note

I would like to receive information on: Volunteer Opportunities Planned Giving

PLEDGE INFORMATION

EASY WORKPLACE PAYROLL DEDUCTION

\$5 \$10 \$20 \$50 OTHER _____ each pay period for # _____ pay periods

CASH OR CHECK

Amount enclosed \$ _____ Check # _____

PLEASE BILL ME - Check here to receive invoices electronically.

Quarterly (starting in January) Semi-Annually (Jan/July) TOTAL GIFT _____

PERSONAL AUTOMATIC WITHDRAWAL (Please attach voided check)

Monthly gift (processed 15th of every month) \$ _____ Total Gift \$ _____

CREDIT/DEBIT CARD - Please use QR code below to make your online donation or provide your phone number and someone from our office will call to help you with your donation



Phone Number: _____

TOTAL GIFT \$

(Signature)

(Date)

OPTIONAL

Please choose where you'd like your donation to make a difference in the community.

MOST IMPACT - Support all programs

Education

Financial Stability

Health

Send \$ _____ of my contribution to the following United Way funded program/another United Way (\$25 minimum): _____

Keep a copy of this form for your tax records. United Way does not provide goods or services in whole or partial compensation for any contribution.

Thank you!



Marshfield Area United Way