

Donor Information

Company / Employer: _____ Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ e-mail: _____

I would like to be thanked: By e-mail A card in the mail No thanks required

We respect your privacy: personal information, including email addresses, is never shared with third parties.

Workplace Campaign Payroll Deductions

Amount per pay period (circle one) \$20 \$10 \$5 \$3 Other \$ _____

Number of pay periods _____

Signature: _____

**My Total
2010-11 Gift is:**

\$ _____

Other Payment Options

Cash or Check (payable to United Way of Marquette County)

Bill me at my home address (listed above) Once Quarterly (minimum \$200 pledge)

VISA MC

Card number: _____ - _____ - _____ - _____

Exp. Date: ____/____ 3-digit verification code on back of card _____

Card Billing Address _____

Signature: _____

Leadership Giving

Gifts of \$500 or more qualify you
for our leadership program.

Please indicate how you want to be listed.

PLEASE CHECK ALL THAT APPLY:

- I would like to receive email updates.
(ie: newsletters, special events, etc.)
- I would like to participate in the
Community Investment process.
- I would like information about
United Way of Marquette County
Endowment.

Investment Options

1. Community Impact

I want to make the most powerful contribution possible. Please
invest my contribution in all four (4) United Way Community Impact
Areas to make my community a stronger and safer place to live.

2. Specific Impact Panel:

___ Medical Assistance/Health Care Programs ___ Elderly Citizens & Adults with Disabilities

___ Youth Programs ___ Basic Needs (Emergency Food, Clothing, Shelter)

3. ___ Specific Care (\$50.00 minimum pledge per agency) Must be a 501(c)3, health & human service organization serving Marquette County or a United Way. All gifts will be forwarded as you specify after a deduction for uncollected pledges and campaign costs.

Agency Name: _____

Agency Name: _____

For acknowledgement purposes, I would like my name and address shared
with the agency I've designated.

I have given to United Way:

- First time donor 10–14 years
- 1–4 years Over 15 years
- 5–9 years

This form was generously underwritten by

econofoods

Wisconsin Energy
Foundation

SEMCOENERGY
GAS COMPANY

P.O. Box 73, Marquette, MI 49855 (906) 226-8171 unitedway@uwmqt.org

Thank You for Investing in Our Community!

White Copy—United Way Yellow Copy—Employer Payroll

UW use only: ___DL ___GT ___LDR DB ___LDR Copy ___ Billing Copy