

A. Donor Information (Please Print)

Company / Employer: _____ Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

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

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

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

B. Workplace Campaign Payroll Deductions

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

A Day of Pay for United Way \$ _____ Number of pay periods _____

Signature: _____

**My Total
2018-19 Gift is:**
\$ _____

C. Other Payment Options

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

**(Bill me or Credit Card ONLY! —
Minimum of \$100 Pledge REQUIRED)**

Bill me at my home address (listed above) Once Quarterly

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.

500-749—Bronze 1,000-1,499—Gold
750-999—Silver 1,500+—Chairman's Club

*** You have permission to list my name as: ***

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.
- I will be retiring this year.

D. 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 Area:

- Basic Needs (Emergency Food, Clothing, Shelter)
- Elderly Citizens & Adults with Disabilities
- Medical Assistance/Health Care Programs
- Youth Programs

3. Specific Care (\$50.00 minimum pledge required 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 been contributing to
United Way for _____ Years**

**This form was generously
underwritten by**



Thank You for Investing in Our Community!