

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™



Employee = Pink

Employer = Yellow

United Way = White (original)

FIRST NAME MI LAST NAME

HOME ADDRESS

CITY STATE ZIP

EMPLOYER

TELEPHONE

SIGNATURE

DATE

(SEE REVERSE)

PAYMENT METHOD:

Check/Cash (Enclosed) \$ _____

Direct Bill (Amount Due) \$ _____

Bill Me: Annually Quarterly Other _____

PAYROLL DEDUCTION:

A) I authorize my employer to deduct the following amount each pay period:

\$50 \$25 \$10 \$5 Other _____

B) I am paid:

Weekly (52) Bi-Weekly (26) Semi-Monthly (24)

Monthly (12) _____ Times a Year

C) Therefore, my total gift is \$ _____

D) **Want to see how your contribution is making a difference?**

Please provide your email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

EMAIL ADDRESS _____

