

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

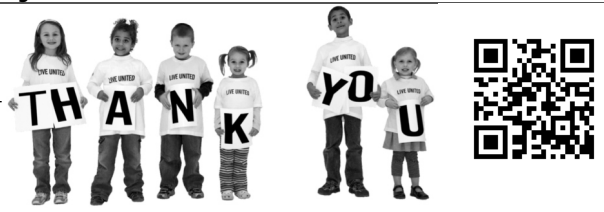
Option A **MONROE COUNTY GENERAL FUND**
 A contribution to United Way of Monroe/Lenawee Counties General Fund supports the most pressing needs affecting your community and puts your contribution to work where it's needed most by focusing on all of the areas below. No goods or services were given in exchange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

Option B Member Agency - OR you may choose to direct your contribution to any of United Way's seven focus areas.
 Member Agencies: See Brochure for Listings Health Education Income
 % of pledge to Member Agency % of pledge to focus area.
 Member Agency Name

**** 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 member 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.



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

Signature _____ Date _____

THANK YOU FOR INVESTING IN UNITED WAY