



Think. Live. Give. United.

Donor Information

step one

I have donated to any United Way for (check one): 1st year 2 – 9 years 10+ years

Mr./Mrs./Ms./Dr. First _____ MI _____ Last _____

Company _____ Employee ID # _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Choose a Payment Option

step two

I will donate by:

- Payroll Deduction
\$ _____ amount per pay period for a total gift of \$ _____
- Check \$ _____, check # _____ enclosed
- Cash \$ _____ enclosed
- Credit Card \$ _____ amount

— — — / #

Card # _____ Expiration Date | Security Code

- Bill Me \$ _____ (UWMC will bill you quarterly beginning January 2012)

Optional:

- Designate my gift to the following health & human service 501(c)(3) agency.

Sign Here

step three

X _____

Sign Here

Date



UWMC does not share your information with outside entities.
Please return this form to your Workplace Campaign Coordinator

THANK YOU!

WHITE: United Way YELLOW: Employer PINK: Contributor