



United Way
of Northern Ozaukee County, Inc.
1950-2011 Celebrating 60+ Years
2012 Campaign

Employee Label

LIVE UNITED.
Give. Advocate. Volunteer

PAYROLL DEDUCTION

By circling the choices below, I authorize my employer to deduct my pledge per pay period as follows:

12 or **26** or **52** or ____ Periods per year (circle one)

\$2 **\$5** **\$10** **\$25** Other \$____ / Period (circle one) **Total** _____

One Time Cash Donation

Amount \$ _____

Your donation will go to the United Way of Northern Ozaukee unless another county United Way agency is designated below:

Milwaukee ____ Sheboygan ____ Washington ____ Waukesha ____ Other _____

Your donation to the United Way works toward:

Nurturing children and families

- **Children's Program** – Advocates of Ozaukee, Inc.
- **Ozaukee Boy Scout Program** – Bay Lakes Council, Boy Scouts of America
- **Match Me Program** – Big Brothers / Big Sisters of Ozaukee County
- **Food Distribution Program** – Family Sharing of Ozaukee County Inc.
- **Ozaukee Girl Scout Program** – Girl Scouts of Manitou Council
- **LEAD**
Starting Point of Ozaukee
- **Parent Education and Support Program** – Ozaukee Family Services, Inc.

Helping the elderly remain independent

- **Hotline** - COPE Services Inc.
- **Client Services Program** - Interfaith Caregivers of Ozaukee County
- **Volunteer Promotion Program** – Volunteer Center of Ozaukee

Removing barriers to the disabled

- **Wednesday Night Club** - Balance, Inc.
- **Social Respite Program** -Ozaukee County Circle of Friends
- **Alternative Day Services Program**- Portal Industries, Inc.

Helping when misfortune strikes

- **Ozaukee Disaster Team** - American Red Cross
- **GED/HSED Testing Site** - Ozaukee County Jail Literacy Program
- **Social Service Extension/ Emergency Assistance program** - Salvation Army

_____ Please check here if your husband/wife combined annual pledge totals **\$250 or more**, qualifying you for membership in **The Heritage Society**.

_____ I/We wish to remain anonymous.

Contributor's Name (print) _____ **Date** _____

Contributor's Signature _____

Your gift is a voluntary and personal decision that will support health and human service programs in the year 2012. Your entire contribution is tax deductible.