



Employee Label

**2018-9 EASY PAYROLL DEDUCTION**

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

12 (monthly) or  24 (semi-monthly) or  26 (biweekly) or  52 (weekly) Check One

\$15  \$25  \$50  \$100 OTHER\$\_\_\_\_\_ Check One TOTAL \_\_\_\_\_

**OTHER WAYS TO GIVE**

CASH  CHECK  CREDIT CARD (Visa, M/C, Discover)

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ CVV2 Code \_\_\_\_\_

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Personal Email Address \_\_\_\_\_

**Your donation will go to United Way of Northern Ozaukee unless another United Way is designated below**

Sheboygan  Washington  Other -----

|   |   |   |
|---|---|---|
| <br>Life Skills<br>Community & School Based Mentoring<br>Child Advocacy<br>Family Education<br>Youth Development | <br>Homeless Prevention<br>Rent Assistance<br>Emergency Food Distribution<br>Adult Literacy Tutoring<br>Emergency Vouchers | <br>Child Advocacy & Support<br>Anti-Drug/Substance Abuse Support & Prevention<br>Recreational Programs for Families /Individuals with Disabilities<br>Senior Respite Care |
|---|---|---|

**HOW YOUR DOLLARS WERE INVESTED LAST YEAR**

**RECOGNITION**

Please check here if your husband/wife combined annual pledge totals \$300 or more, qualifying you for membership in the Heritage Society. Name \_\_\_\_\_ Employer - \_\_\_\_\_

I am a loyal contributor. I have been investing in my community with United Way since \_\_\_\_\_

Please list my/our name as follows in publications \_\_\_\_\_

I prefer that my/our gift remain anonymous \_\_\_\_\_

Print Contributor's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for Living United**