

DONOR INFORMATION

PLEASE PRINT CLEARLY.

Your personal information is confidential and will not be sold or shared.

Marshfield Area United Way



First Name M.I. Last Name Birthdate (for Sweepstakes eligibility)

Home Address City State Zip Code

Mobile Number _____ Home Email _____

Employer _____ I plan to retire in the next 14 months.

Combine my gift with _____ Employed at _____
(Name of spouse/significant other)

List our names as: _____ I/We wish to remain anonymous.

I prefer to be thanked for this donation by: Email Mail No Thank You note

I would like to receive information on: Volunteer Opportunities Planned Giving - It's easy to make a lasting difference in our community with a planned gift to United Way. We will provide you information about how you can leave your legacy.

PLEDGE INFORMATION

EASY WORKPLACE PAYROLL DEDUCTION

\$5 \$10 \$20 \$50 OTHER _____ each pay period for # _____ pay periods

CASH OR CHECK

Amount enclosed \$ _____ check # _____

PERSONAL AUTOMATIC WITHDRAWAL (Please attach voided check)

Monthly gift (processed the 15th of every month) \$ _____

PLEASE BILL ME - Check here to receive invoices electronically.

Quarterly (starting in January) Semi-Annually (Jan/July)

CREDIT/DEBIT CARD - Please use the QR code to make your secure online donation or be sure to provide your phone number above and someone from our office will call to help you with your donation.



TOTAL GIFT

(Signature)

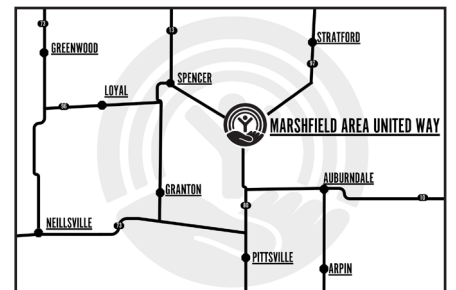
Thank you!

OPTIONAL

Please choose where you'd like your donation to make a difference in the community.

- MOST IMPACT - Support all programs
- Youth Opportunity
- Healthy Community
- Financial Security

Send \$ _____ of my contribution to the following United Way funded program/another United Way (\$25 minimum): _____



Marshfield Area United Way service area.

Keep a copy of this form for your tax records. United Way does not provide goods or services in whole or partial compensation for any contribution.