

## MY PERSONAL INFORMATION - please print clearly

Mr.  Mrs.  Ms.  Dr. First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Home Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Primary E-mail \_\_\_\_\_ Secondary E-mail \_\_\_\_\_

Preferred method of contact:  Text  Email  Phone Call  Mail

Employer \_\_\_\_\_ Employee # \_\_\_\_\_ Dept. \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Spouse/Partner Employer \_\_\_\_\_

I want to be thanked by  E-mail  Mail  No Thank You

I have contributed to United Way for \_\_\_\_\_ years.

## MY GIFT

### Please Choose One

1. Payroll Deduction - the most convenient option:

I hereby authorize a deduction of \$ \_\_\_\_\_ for \_\_\_\_\_ pay periods.

2. Full Payment Enclosed \$ \_\_\_\_\_

Check # \_\_\_\_\_ Check Date \_\_\_\_\_ or  Cash

3. Credit Card (minimum \$50) Charge my credit card one time for \$ \_\_\_\_\_

Choose one:  Visa  MC  AmEx  Discover

Card # \_\_\_\_\_

Billing Address \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVN# \_\_\_\_\_

I want to make the greatest impact in my community.  
Direct my entire contribution to United Way.

I am retiring soon - keep in touch with me

### Total Gift

Please be sure to sign here to authorize your contribution

Your gift is tax deductible as allowed by law. No goods or services have been given in return for this gift.

\$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

White - United Way

Yellow - Payroll

Pink - Donor

Thank You!

# LIVE UNITED

## United Way



### United Way of Jackson County

536 N. Jackson Street  
Jackson, Michigan 49201  
517-784-0511

[www.uwjackson.org](http://www.uwjackson.org)