

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 E-mail 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 am retiring soon - keep in touch with me

LIVE UNITED

United Way



United Way of Jackson County

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

www.uwjackson.org

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 ____ / ____ CV# _____

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

or optional designation note

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 _____

Thank You!