

UNITED WE RISE

United Way of South  
Wood & Adams Counties



INVEST MY  
Contribution In:

- ☐ South Wood County  
☐ Adams County

Place employee label  
here if applicable.

## Step 1: Contact Information (PLEASE PRINT CLEARLY. Your personal information is never shared)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ ☐ I prefer that my gift remain anonymous.  
I prefer to be thanked for this donation by: ☐ E-mail ☐ Mail ☐ No thank-you note

## Step 2: Choose One Of The Following Donation Options

### ☐ EASY WORKPLACE PAYROLL DEDUCTION

I will contribute the following  
amount each pay period:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50

☐ Other: \_\_\_\_\_

Number of pay periods:  
(circle one)

12    24    26    52

Other \_\_\_\_\_

Total Gift \$ \_\_\_\_\_

### ☐ CASH OR CHECK

Total Gift \$ \_\_\_\_\_

Amount Enclosed:

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

### ☐ PLEASE BILL ME:

(\$25 minimum)

☐ Monthly ☐ Quarterly

☐ Once (mm/yr) \_\_\_\_\_

*Make checks payable to United Way  
of South Wood & Adams Counties*

**Make a debit/credit card  
donation at [www.uwswac.org](http://www.uwswac.org)**

### ☐ PERSONAL AUTOMATIC WITHDRAWAL

Deduct \$ \_\_\_\_\_ Total Gift \$ \_\_\_\_\_

☐ Monthly ☐ Quarterly

☐ Once on the 15th of: \_\_\_\_\_ (month).

From my [☐ Checking ☐ Savings] Account

#### ☐ Option A (preferred):

I have attached a voided check

#### ☐ Option B: I will fill out below

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

I hereby authorize United Way of South Wood & Adams Counties to initiate this transaction, effective the 15th of the applicable month(s) and continuing thereafter. This authority is to remain in effect until revoked by me in writing. Deductions will begin in January.

☐ I am a **Leadership Giver** (\$500 or more). Combined with spouse/significant other (name): \_\_\_\_\_

☐ I am a **Loyal Contributor** (10 years or more). I have donated to United Way since (year): \_\_\_\_\_

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

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

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. For payroll deductions, you will also need a copy of your pay stub or W-2 showing the total amount withheld. Please consult your tax advisor.



Official rules at [uwswac.org](http://uwswac.org)

Donate **\$1.00 per week / \$52.00 per year** for 50 chances to **WIN** one of five **\$1,000 cash prizes**; increase your prior donation of \$52.00 or more by \$26.00 or more and double your chances to 100!



**GUNDERSEN  
MOUNDVIEW  
HOSPITAL AND CLINICS**

[NextHome]  
PARTNERS

**PREVAIL  
BANK**



## Step 3: OPTIONAL - Your Donation At Work

### ☐ All Programs

I want to make the  
greatest impact by  
supporting all  
programs.

### ☐ Education

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



### ☐ Income

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



### ☐ Health

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



### ☐ Safety Net

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



### ☐ United Way Partner Program (\$25 minimum)

### ☐ Another United Way (\$25 minimum)

United Way of South Wood & Adams Counties • 351 Oak Street, Wisconsin Rapids, WI 54494 • 715-421-0390 • [www.uwswac.org](http://www.uwswac.org)

WHITE COPY - UNITED WAY

YELLOW COPY - EMPLOYER

PINK COPY - DONOR