



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: 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

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.

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)

Thank You!



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!

THANK YOU TO OUR 2024 SWEEPSTAKES SPONSORS



Official rules at uwswac.org