



## INVEST MY CONTRIBUTION IN:

- South Wood County
- Adams County

# UNITED IS THE WAY™

Place employee label here if applicable.

## STEP 1: CONTACT INFORMATION (PLEASE PRINT CLEARLY. Your personal information is never shared)

First and Last Name(s): \_\_\_\_\_  
 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](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.

## STEP 3: OPTIONAL - YOUR DONATION AT WORK

### All Programs

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

Healthy Community \$ \_\_\_\_\_

Youth Opportunity \$ \_\_\_\_\_

Financial Security \$ \_\_\_\_\_

Community Resiliency \$ \_\_\_\_\_

**United Way Partner Program** (\$25 minimum)

**Another United Way** (\$25 minimum)

*Thank You!*

# GIVE & WIN!

Donate **\$1.00 per week / \$52.00 per year** for 50 chances to **WIN** one of six **\$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 2026 SWEEPSTAKES SPONSORS



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

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