

Employee Label

***RECOGNITION***

Please check here if your husband/wife combined annual pledge totals $300 or more, qualifying you for membership in the

Heritage Society. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a loyal contributor. I have been investing in my community with United Way since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list my/our name as follows in publications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I prefer that my/our gift remain anonymous \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Contributor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

***HOW YOUR DOLLARS WERE INVESTED LAST YEAR***

**Your donation will go to United Way of Northern Ozaukee unless another United Way is designated below**

**□** Sheboygan **□** Washington **□** Other ---------------------------------------------\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***OTHER WAYS TO GIVE***

**□ CASH** **□ CHECK** **□ CREDIT** **CARD (**Visa, M/C, Discover)

Credit Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration \_\_\_\_\_\_\_\_\_\_CVV2 Code\_\_\_\_\_\_\_\_\_

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Address City, State, Zip Code

Daytime Phone # Personal Email Address

***2021-2022 EASY PAYROLL DEDUCTION***

By checking the choices below, I authorize my employer to deduct my pledge per pay period as follows:

**□ 12 (monthly) or □ 24 (semi-monthly) or □ 26 (biweekly)** or **□ 52 (weekly) Check One**

**□ $15 □ $25 □ $50 □ $100** OTHER$\_\_\_\_\_\_\_\_ Check One TOTAL ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_