

THANK YOU FOR YOUR SUPPORTING - "LIVE UNITED"

BLACKFORD UNITED WAY, INC. P.O. BOX 67 HARTFORD CITY, IN 47348

UNITED WAY

Company Name: _____ \$ _____

MY TOTAL PLEDGE

Name: _____

Address: _____ City: _____ Zip: _____

E-Mail Address: _____

I AUTHORIZE MY EMPLOYER TO DEDUCT MY PLEDGE OF: () \$1.00 () \$2.00 () \$5.00 () \$10.00 () OTHER _____

PER PAYCHECK FOR _____ PAY PERIODS.

Donor Signature

DESIGNATIONS: AGENCY: _____ AMOUNT \$ _____

UNITED WAY IN _____ COUNTY AMOUNT \$ _____

I hereby request that the funds designated herein be remitted to the above-named agency as first money in on said agency's Blackford United Way allocation.

() CASH/ DIRECT BILL () MONTHLY () QUARTERLY () OTHER

TOTAL GIFT \$ _____ PAID NOW \$ _____ BALANCE DUE \$ _____

WHITE COPY TO: UNITED WAY

CANARY COPY TO: PAYROLL

PINK COPY TO: DONOR