GIVE. ADVOCATE. VOLUNTEER.

# LIVE UNITED

United Way of Merced County
658 West Main Street
Merced, CA 95340
209-383-4242
Fax 209-383-4254
www.unitedwaymerced.org

## UNITED WAY CONTRIBUTION FORM

### 1. INFORMATION ABOUT ME :

Mr./Mrs./Ms. Name _____ Email Address (will not be shared) _____

Home Address _____ City, State, Zip _____ Phone # _____

Company Name _____ Employee ID Number _____ Site Location _____

❑ I want to receive your E-Newsletter to hear how my donation is making a difference in Merced County and to learn about volunteer opportunities.

### 2. CHOOSE "EASY PAYROLL DEDUCTION", "ONE-TIME GIFT" or "CONTINUE MY PLEDGE".

❑ EASY PAYROLL DEDUCTION

I pledge the following amount each pay period:

❑ $50 ❑ $25 ❑ $10 ❑ $5 ❑ Other _____

I AM PAID (times per year):

❑ Weekly (52) ❑ Bi-weekly (26) ❑ Semi-monthly (24)

❑ Monthly (12) ❑ Other _____

❑ I do not wish to contribute at this time.

❑ ONE-TIME GIFT

❑ Check ❑ Cash

❑ Payroll Deduction

$ _____

❑ CONTINUE MY PLEDGE OF

$ _____

**MY TOTAL ANNUAL GIFT : $ _____**

### 3. HOW I WANT MY GIFT TO HELP :

❑ **United Way's Community Fund.** ***The most powerful way to invest your contribution in our community!***
Yes! I want to invest in programs that create a brighter future for our residents.

❑ Other.

_____

Designated Agency Name / Address / City / Zip

Note: if you designate to an agency that is not a registered 501(c)3 or if the designated agency is no longer in business, your contribution will be directed to United Way's Community Fund. In addition, all contributions that are less than $60.00 ANNUALLY will be deposited in the United Way's Community Fund. All designated funds are VALID FOR ONE YEAR.

United Way does not provide goods or services as whole or partial consideration for any contribution made.

I am a loyal contributor! I have given to United Way for ❑ 5-9 years ❑ 10-24 years ❑ 25+ years.

SIGNATURE _____ DATE _____
(Signature required for payroll deduction.)

***Thank You for Giving Back to Your Community!***