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 E-mail: Suzanne@unitedwayeup.org
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United Way of the EUP

Organization _____
 Name _____
 Home Address _____
 City/State/Zip _____
 Phone _____ E-mail _____
 Do you want to remain anonymous? YES NO
 Signature _____ Date _____
 I have been donating to United Way for ____ years or First-time donor
 I am interested in Volunteering/Reading Buddies/Mentoring/Special Events
 I am interested in including United Way in my will.
White: United Way **Yellow:** Donor **THANK YOU FOR YOUR SUPPORT!**

Pledge Form

Please print

Total Gift Amount \$ _____

Your giving options (please choose one):

1. Payroll Deduction—The easiest option:

I hereby authorize a payroll deduction of:

\$ _____ for _____ pay periods starting _____

2. Payment Enclosed: Total Enclosed \$ _____

Check # _____ Cash

3. Credit Card (please circle): Visa MasterCard

Card # _____

Exp. Date _____ 3-digit authorization code _____

4. Bill me directly: One time Quarterly

I would like to designate \$ _____ (min \$100) to _____

Only current UWEUP agencies in compliance are eligible for designations. Your gift is tax deductible as allowed by law. No gifts or services have been given in return for this pledge.



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