

COMPANY LOGO  
(OPTIONAL)

United Way of  
Franklin County



## Making a difference in our community is as easy as 1-2-3!

### Where would you like your gift invested?

United Way of Franklin County's Community Care Fund – supports all partner agencies & programs. Let the expertise of United Way and its community volunteers stretch your dollar!

### Optional Designations

You may designate a portion or all of your gift to an impact area, partner agency, or other United Way. The minimum designation amount is \$75.

Education \$ \_\_\_\_\_  Health \$ \_\_\_\_\_  Financial Stability \$ \_\_\_\_\_

Partner Agency/ Other United Way  
\_\_\_\_\_ \$ \_\_\_\_\_

### MY INFORMATION

Please print

Mr/Ms/Mrs/Dr First & Last Name

Street Address

City State Zip Phone

Email Address  Yes, sign me up for United Way newsletter updates.

### MY GIFT

Total Annual Gift Amount: \$ \_\_\_\_\_

Payroll Deduction: \$ \_\_\_\_\_ per pay period x \_\_\_\_\_ pay periods = \$ \_\_\_\_\_ Total Gift  
I authorize my employer to deduct my contribution per pay period.

One-time Payroll Deduction: I authorize my employer to deduct my full gift, one time.

Cash/Check: Please make checks payable to United Way of Franklin County & attach.

Credit Card: Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ Please charge my card  Once  Monthly  Quarterly

### SIGN & DATE

Thank you! Please sign and return this form to your workplace Employee Campaign Manager

Signature Date

Leadership Giving – List spouse/partner if total combined giving is \$500 or more.

Spouse/Partner's Name & Employer Gift Amount

I would like to remain anonymous

Please do not staple cash or checks to this form!