United Way of Manistee County

Pledge Form

449 River Street

Manistee, Michigan 49660

Phone: 231.723.2331 Fax: 231.723.3727

Email: info@uwmanistee.org Web: www.uwmanistee.org



Please print (press hard - 3 copies)	DONOR INFORMATION	
MR/MRS/MS NAME		TELEPHONE
ADDRESS	CITY	STATE ZIP
EMPLOYER	UNION (if applica	ble)
EMAIL		
SELECT PAYROLL DEDUCTION	OR DIRECT GIFT	
☐ EASY PAYROLL DEDUCTION My total annual gift = \$ as follows ☐ \$ each pay period ☐ Other	DIRECT GIFT OF \$ to be paid by: Cash (enclosed) Personal check payable to United Way of Manistee County (enclosed) Please bill me	LEADERSHIP CIRCLE ☐ My pledge reflects a Leadership Circle gift equal to at least one hour's pay pe month through payroll deduction or a \$250 cash donation ☐ I prefer that my gift remain anonymous ☐ Please list my name as shown below.
☐ I am a first-time United Way cor	4.10-24-20-20-20-2	
	an be made in increments of \$25 or more as	follows:
Sto United	Way of Manistee County Member Agency	
to Other I	RS-certified charitable organization in Manistee C	County
to Human	Service Agency outside of Manistee County (15	% processing fee will be withheld.)
GET INVOLVED □ I would like to a	assist with fund distribution by serving on	a Citizen Review Panel.
DONOR SIGNATURE (required for pro	ocessing)	
I understand my gift will be processed according goods or services in return.	ording to my wishes. I am making this donation as	s a charitable contribution and am not receiving
Signature (required)	D	ate
Your contribution is tax ded	uctible as allowed by Section 170 of the	Internal Revenue Service Code

Your United Way contribution is an investment in your community.

Thank you!

WHITE: Payroll • YELLOW: United Way • PINK: Contributor

For Office Use: Batch: _____Entered:____