



STEP  
#1

## MY INFORMATION

Mr./Ms. \_\_\_\_\_  
                     First Name                      M.I.                      Last Name

\_\_\_\_\_ Last Year's Gift \_\_\_\_\_

\_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Employer Name \_\_\_\_\_ Personal Email Address \_\_\_\_\_

STEP  
#2

## MY GIFT

1. ☐ **PAYROLL DEDUCTION** (amount per pay period)  
☐ One hour's pay \_\_\_\_\_ ☐ \$20 ☐ \$10 ☐ \$5 ☐ \$3  
☐ Other \$ \_\_\_\_\_ X total # of pay periods \_\_\_\_\_
2. ☐ **CHECK #** \_\_\_\_\_  
 (please attach & make payable to Marshfield Area United Way)
3. ☐ **CASH** (please attach)
4. ☐ **CREDIT CARD**  
☐ Visa ☐ MasterCard ☐ Discover  
 Account # \_\_\_\_\_  
 Exp \_\_\_\_\_
5. ☐ **BILL ME** (\$25 minimum)  
 \_\_\_\_\_ Quarterly (starting in January)  
 \_\_\_\_\_ Semi-annually (January & July)
6. ☐ **STOCKS/SECURITIES** - call United Way at (715) 384-9992

### LEADERSHIP GIVING



- ☐ My individual gift of \$500 or more to Marshfield Area United Way qualifies me as a Leadership Giver.
- ☐ My gift = \$500 or more when combined with my spouse/partner's gift to Marshfield Area United Way  
 Spouse/Partner's Name \_\_\_\_\_

Employer \_\_\_\_\_ Gift \_\_\_\_\_

For recognition in the annual report, my/our name should read as follows:

- ☐ I/We prefer to remain anonymous.
- ☐ I DO NOT WANT to receive a recognition pyramid.
- ☐ I DO NOT WANT to receive a year plate for my pyramid.

**Total Donation Amount \$**

STEP  
#3

**SIGN HERE** →

Date \_\_\_\_\_

**I have been  
contributing to  
United Way for  
\_\_\_\_\_ years.**

STEP  
#4

## PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

OPTION A

- ☐ **INFLUENCE THE CONDITION OF ALL.** United Way community Investment Fund. The most powerful way to invest your contribution.

OPTION B

- ☐ **EDUCATION** Helping children and youth achieve their full potential
- ☐ **INCOME** Helping families become more financially stable and independent
- ☐ **HEALTH** Improving people's health

OPTION C

- ☐ **Restricted Contribution**—Amount \$ \_\_\_\_\_  
 Agency/other United Way Name \_\_\_\_\_ Address \_\_\_\_\_