

GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED



United Way of Crow Wing
and Southern Cass Counties

First Name _____ MI _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Employer _____

Email Address *(Used only by United Way to keep you updated with local news and events.)* _____

PLEASE SELECT PAYMENT OPTION.

EASY PAYROLL DEDUCTION

- I pledge \$ _____ per pay period
Pay Frequency _____
(Number of pay periods per year)

DIRECT GIFT

Direct gift to be paid by:

- Cash
 Personal Check # _____

BILL ME

- Quarterly
 Monthly
 Once in the month of _____

My Total Gift of \$ _____

CREDIT CARD (Visa or Mastercard)

- Quarterly
 Monthly
 Once in the month of _____

My Total Gift of \$ _____

Name on Card _____

Card # _____

Exp Date _____ Security Code _____

Billing Address _____

I WANT MY MONEY TO GO TO:

IMAGINATION LIBRARY

HEALTH

UNITED WAY COMMUNITY FUND

I want to make the most powerful contribution possible! Invest my contribution in the United Way Community Fund to make my community a stronger and safer place to live.

SPECIFIC CARE

Send my gift to another 501(c)3 organization.

LEADERSHIP INVESTMENT

I am a leadership giver (gift of \$1000 or more)

Please list me in recognition materials as:

I wish to remain anonymous.

WHEN YOU REACH OUT A HAND TO ONE, YOU INFLUENCE THE CONDITION OF ALL.

Want to make a difference?

United Way is creating lasting change by focusing on education, income and health. That's what it means to **LIVE UNITED.**

UNITEDWAYNOW.ORG

Signature I authorize the pledges I have indicated.

(218) 829-2619 | 424 NW 3rd Street, Brainerd, Minnesota