## PLEDGE FORM



me:	Emplo	Employer: City/Zip: Phone:	
ome Address:	City/Z		
mail:   Check here if you'd like your			
UR GIFT			
Payroll Deduction:  \$ per pay period Total Annual Gift: \$  Weekly (52)  Bi-weekly (26)  Semi-Monthly (24)  Monthly (12)	Gift Enclosed:  Total Gift Amount: \$  Cash  Check  Auto Debit/Bank Draft (check here to request form)	Bill Me:  \$ per bill  Total Annual Gift: \$  Monthly  Quarterly  Semi-annually  Once	
One Time	Credit Card (click "Donate Now" button at www.uwhmc.org)	Once	

General Support Fund - use my gift where it's needed mos
United Way's Impact Areas (\$ or %):  Youth Opportunity Healthy Community  Financial Security Community Resiliency
Dolly Parton Imagination Library (Harvey only) - sponsor a child for \$26/per year (\$ or %):
Please send my gift to a United Way in another community
I am interested in volunteer opportunities with United Way or in the community.
Signature: Date:
204 W. 6th St., Newton, KS 67114



316.283.7101 | info@uwhmc.org