| Donor Information The St. Joseph County United Way respects your privacy. We never release or sell donor information. |  |                                   | United   |
|---|--|-----------------------------------|--|
| First Name  |  | Company/Employer                  | Way  |
| Home Address  | City   | State Zip                         | St. Joseph County  |
| Email Address   | Phone  |                                   | United Way PO Box 577  |
| Signature Required  | Date   |                                   | Centreville, MI 49032 www.sjcuw.com                            |
| Leadership Giving—A donation or combined donation (with spouse/partner) of \$1,000.00 or more:                        |  |                                   |  |
| □ Please print my/our name(s) as follows in leadership recognition materials:   |  |                                   |  |
| □ For Leadership Giving, combine my donation with my spouse's gift:  Name: Employer:                                  |  |                                   | My Total   |
| ☐ For Leadership Giving, I do not want to be recognized for my donation.  |  |                                   | Annual Gift is:  |
| Payroll Deduct  | tions Other Payment Options  | Designation (Optional)            |  |
| For Worksite contributions or   | nly  | \$15.00 Minimum                   | ¢  |
| □\$25 per pay □\$20 per pay   | □\$15 per pay □ Cash attached for \$   | Designation                       | Φ  |
| period period  □\$10 per pay period □\$5  | period  Check attached, payable to the St. Joseph County United Way for  \$  | Agency Name: Three Rivers Promise |  |
| □\$per pay period for<br>of pay periods   | number  Bill me quarterly to my home address for (minimum of \$25.00 pledge) |                                   |  |
| My pay period is:  ☐ weekly ☐ every 2 weeks   | ☐ Credit Card (Complete card information below)                              |                                   | St. Joseph County United                                       |
| ☐ 2 times/month ☐ monthly   |  |                                   | Way does not provide goods or services as a whole or           |
| Credit Card Payment   |  |                                   | partial consideration of any                                   |
| If you wish to make a contribution to the St. Joseph County United Way via credit card, please complete this section. |  |                                   | contribution (IRS Code).                                       |
| □ Visa □ Mastercard   | Credit Card #:   | Expiration Date:                  | Your contribution is tax de-<br>ductible to the extent permit- |
| □ AmEx □ Discover   | I wish to donate: \$ Signature:  |                                   | ted by law. License Number MICS3214.                           |