

CONTRIBUTION FORM

HABERSHAM COUNTY UNITED WAY

CORPORATE PARTNER

Corporation Name :

Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Donation Type :

Payroll Deduction

One-Time

Reoccurring Via PayPal

Donors Name: _____

1. EASY PAYROLL DEDUCTION

I want to contribute the following amount:

2. DIRECT PAYMENT

My total Contribution is:

Personal check made payable to Habersham County United Way:

Cash:

PayPal Donation:

Amount:

Reoccurring Donation via PayPal

Amount:

Giving is a **personal decision**. Habersham United Way has a strong policy against coercion. Whether a person gives to HABUW and how much the person chooses to give is up to the individual. Giving is fundamental to the United Way concept.

Please Print Your Name

Last Name: _____

First Name: _____

E-Mail: _____

Would you like to receive our quarterly newsletter?

Yes

No

Contributors Guidelines

Hourly Wage Earner.....	1 Hour's Pay Per Month
Salary (\$15,000-\$29,999).....	1.0% Annual Salary
Salary (\$30,000-\$44,999).....	1.5% Annual Salary
Salary (\$45,000 and above).....	2.0% Annual Salary

All donations over \$25 are tax deductible.

I would like to receive a tax deductible letter

Yes

No

I would like for my donation to remain anonymous

Yes

No

Signature Of Donor

THANK YOU FOR YOUR DONATION

www.habershamunitedway.org