PLEDGE FORM

UNITED WAY

Ogemaw County

1 MY INFORMATION

First Name:_____ Last Name:_____

Home Address:_____ City:_____ State:_____ Zip:_____

Employer:_____ Union Member at:_____

Phone:_____ Email:_____

2 MY IMPACT

I want to donate the following amount per pay period: [ ] $50 [ ] $25 [ ] $10
[ ] $5 [ ] Other:_____

I authorize _____ to implement the above amount
EMPLOYER
as a payroll deduction to be distributed to the Ogemaw County United Way.

3 MY SIGNATURE

_____ _____
DONOR NAME DATE

GIVE. ADVOCATE. VOLUNTEER.

LIVE UNITED

United Way