



1 Donor Information

Name (please print) _____
 Home Address _____
 City _____ State _____ Zip _____
 Employer _____ Work Phone _____
 Home Phone _____
 E-mail Address _____

Want to see your contribution making a difference?

Please provide us with your home email address. We'll send you our newsletter which includes success stories and more ways for you to get involved in the community. Your personal information is held in strict confidence.

2 My Contribution:

\$ _____ (Total Gift)

First Time Leadership Giver \$1.37 A Day
(\$9.62 per week or \$19.24 bi-weekly or \$500.05 per year)

3 Payment:

Payroll Deduction*
\$ _____ per pay period for _____ periods.
**A copy of this form & your last pay stub is your receipt for tax purposes.*

Payment Enclosed Cash Check*
Make check payable to **United Way of Portage County.*

Please Bill Me *Minimum annual gift of \$25 please.*
 Before year end '07* One billing _____ 2008
 Quarterly Monthly (month)

Automatic Funds Withdrawal
Amount will be deducted on the 15th of the month for 12 months, or quarterly, beginning Jan. 15, 2008.
 Please deduct \$ _____ Monthly Quarterly
 Please attach a voided check.

Credit Card Mastercard Visa Discover
 Name on card _____
 Account # _____
 Expiration date _____

4 Stevens Society Leadership Givers

My contribution, or my combined family contribution of \$500 or more qualifies me/us for recognition as a Stevens Society member.

Please combine my gift with my family member's gift. Our total contribution will be: \$ _____.
 Family members name: _____
 Family member's employer: _____
 List my/our name(s) as: _____

DO NOT publish my name in recognition materials. I wish to remain anonymous.

DO NOT send me a framed certificate or year plate.

Email Address: _____

Stock or Appreciated Assets
Call (715) 341-6740 for more information.

United Way Circle of Caring Endowment Fund
 Send me information about the United Circle of Caring Endowment Fund.
 I have included United Way in my estate plans.

United Way of Portage County does not provide goods or services in return or exchange for this contribution.

Authorization Signature

Thank you for DOING WHAT MATTERS!

Signature _____ Date _____

Optional

To give to a specific program or other United Way, please complete this section **using the designation codes listed on the back of this form.**
If you would like to direct all or a portion of your gift to one or more of the partner programs, your gift will be the first dollars that program receives towards its United Way allocation for 2008. If designations exceed the allocation determined by United Way volunteers, the program will receive the greater amount. Designations to programs not listed cannot be honored.

The following United Way partner program(s) should receive my contribution.

# _____	\$ _____	# _____	\$ _____	# _____	\$ _____
Program Code	Amount	Program Code	Amount	Program Code	Amount

Do not release my name to the designated agency(ies).
 I would like an acknowledgment of my contribution from the designated agency(ies).

Please send my contribution to another United Way.

# _____	\$ _____	# _____	\$ _____	# _____	\$ _____
United Way Code	Amount	United Way Code	Amount	United Way Code	Amount