



Through the United Way's Community Care Fund, your donation is put to work and supports the critical health and human service programs in Marion, Polk and Yamhill counties.

**The POWER of the United Way is in the Community Care Fund!**

**PERSONAL INFORMATION (please print)**

\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Company \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Payroll Deduction:

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
 Amount per pay period      Number of pay periods      Total Pledge

**Other Pledge Options:**

1. Debit/Credit Card (please circle)  VISA       MasterCard       American Express       Discover

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Total Amt. Billed \_\_\_\_\_

One Time       Monthly/Quarterly       Semi-Annually

2. Electronic Transfer (please attach a voided check):      Checking      Savings      Money Market

Please Deduct \$ \_\_\_\_\_ per month from my account on the  5th or  20th of the month for \_\_\_\_\_ month(s).  
 (transfers begin in January)

3. One Time Gift Enclosed: \$ \_\_\_\_\_  Cash       Check      Check No. \_\_\_\_\_

**Donor Choice:**

If your total gift (above) is \$50 or more, you may designate to any local 501(c)3 non-profit health and human service agency.

**Community Impact Areas**

- Basic Needs      \$ \_\_\_\_\_
- Health Programs      \$ \_\_\_\_\_
- Community Programs      \$ \_\_\_\_\_
- Youth Programs      \$ \_\_\_\_\_

**Restricted Giving**

- Local 501(c)3 health and human service agency
- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Phone \_\_\_\_\_ Tax ID # \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*My signature authorizes the pledge. **THANK YOU!***