



# United Way Of Clark, Champaign & Madison Counties Heroes Wanted

Employee #  
\_\_\_\_\_

( ) Mr. ( ) Ms. ( ) Other Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_

Email \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**Yes, I want to contribute to United Way! Please use the following method of payment:**

**1. Payroll Deduction:** Total annual deduction = \$ \_\_\_\_\_ Amount per pay = \$ \_\_\_\_\_  
# of pays per year \_\_\_\_\_

**2. Cash/Check:** I have enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_\_  
(Make checks payable to United Way)

**3. Bill Me:** Total annual pledge \$ \_\_\_\_\_  
 Quarterly     Semi-Annual     Annual (Specify) \_\_\_\_\_

**4. Credit Card:**     Visa     Mastercard    Account # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ (Your card will be charged upon receipt of this form unless otherwise specified)  
 My total pledge is \$ \_\_\_\_\_

**Thank you!**

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## Designations

Please have agency send an acknowledgement  
(Box must be checked to receive acknowledgement)

**\*\*Minimum amount for designations is \$25 per Impact Group/Agency\*\***

County	Impact Area	Agency
<input type="checkbox"/> Clark	<input type="checkbox"/> Community Fund \$ _____	Agency Code    Agency Name
<input type="checkbox"/> Champaign	<input type="checkbox"/> Core Services \$ _____	_____ \$ _____
<input type="checkbox"/> Madison	<input type="checkbox"/> Healthy Neighborhoods \$ _____	_____ \$ _____
	<input type="checkbox"/> Stable Healthy Families \$ _____	<b>Total Designation</b> \$ _____
	<input type="checkbox"/> Self Sufficiency \$ _____	
	<b>Total Designation</b> \$ _____	

**Other United Way:** \_\_\_\_\_ \$ \_\_\_\_\_  
 United Way Name                      Address                      City                      State                      Zip                      Amount

**New IRS regulations require payroll deduction donors to keep a copy of their pledge card and their year end pay stub, W-2 or other employer documentation showing the amount withheld and paid to a charitable organization.**  
 ~Consult your tax advisor for more information~

**White copy-Return to United Way ~ Yellow copy-Return to company/payroll department ~ Pink copy-Return to Donor**

If donor chose to specify a beneficiary, the committee can redirect their gifts if they perceive needs elsewhere in the community.

No goods or services have been received for this contribution.