

MONTGOMERY UNITED FUND FOR YOU, INC.



Date: _____

Name: _____

Company: _____

Address: _____

City / State / Zip: _____

Signature: _____

By signing above, I authorize my employer to deduct my pledge from my payroll.

ONE gift helps MANY.

\$.50/week gives a child a safe place to play

\$1/week provides shelter to a fire victim

\$2/week improves a life through education

\$5/week helps a senior remain independent

\$10/week protects a child from abuse

When MANY give, no ONE is left out.

Payroll Deduction

Amount of \$ _____ /pay period

Number of pay periods _____ x \$ _____ = Total gift \$ _____

One-Time Gift

Cash \$ _____ or Check \$ _____ Ck. # _____

Bill Me

Total Donation of \$ _____ Enclosed 1st \$ _____

Please bill me the balance of \$ _____ Quarterly Annually

Starting _____

Please direct my donation to:

Community Care

Your gift supports all funded programs

Focused Care

Other United Way/Agency _____

your support is appreciated

You may release my name and address

I do not wish to be recognized

White Copy - UF | Yellow Copy - PR

