



Mr. Mrs. Ms. Dr. Employee ID # _____
Required for Payroll Copy Only. This section is blacked out on next two copies.

First Name _____ MI _____ Last Name _____ Company/Community _____
Billing Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Primary Email _____

MY GIFT Sextant Club - my gift of \$500 to \$999 (example: \$21 per pay X 24 periods = \$504) Keel Club - my gift of \$1,000 to \$9,999 (example: \$42 per pay X 24 periods = \$1,008)
PAYROLL DEDUCTION
\$3 \$5 \$10 \$21 Sextant Club \$42 Keel Club \$_____ Other
Pay periods: 2x month (24 per year) Bi-Weekly (26 per year) Weekly (52 per year) Other _____
Total pledge: \$ _____ X _____ = \$ _____
Amount Per Pay Period Number of Pay Periods Total Annual Pledge

SINGLE PAYMENT Amount \$ _____ Cash or Check enclosed Check # _____, payable to **United Way.**
Credit Card: VISA MASTERCARD AMERICAN EXPRESS
Amount: \$ _____ Billing Zip Code: _____
_____ / _____ Security Code
Card Number (Email required for credit cards & to receive receipts.) EXP Month Year

I would like my gift to make an impact in the community where I live. Please direct my gift to the following county:
Lee Hendry Glades Okeechobee Other _____

Fields of Service

<p><input type="checkbox"/>Strengthening Families Moving families and individuals beyond poverty; facilitating support groups to empower victims to regain control of their lives; providing assistance to abused women and their children.</p> <p><input type="checkbox"/>Nurturing Children and Youth Ensuring a quality early childhood education opportunity for all children; providing mentoring programs for youth; providing at-risk youth with programs to build and strengthen their character.</p> <p><input type="checkbox"/>Supporting Veterans Meeting the needs of Veterans and Active Duty service members through Mission United; coordinating the Veteran Support organizations.</p>	<p><input type="checkbox"/>Meeting Critical Needs Helping the elderly and people with disabilities live independently, with dignity and respect; responding to people in crisis; providing emergency food; connecting people in need of help through United Way's 211 Information and Referral Help Line.</p> <p><input type="checkbox"/>Empowering Communities Organizing and mobilizing communities; bringing health and human services to neighborhoods; connecting providers and residents through partnerships; connecting volunteers to meaningful opportunities.</p> <p><input type="checkbox"/>Community Fund Meeting all of the fields of service listed.</p>
--	--

Please sign here to authorize your pledge:

Signature _____ Date _____

Thank you! Your privacy is important to us. Your information will not be shared or sold.

The United Way of Lee, Hendry, Glades, and Okeechobee, Inc. is a 501(C)(3) nonprofit corporation registered pursuant to Chapter 496, Section 496.405 of the Florida Statutes. A copy of the official registration (CH31) and financial information may be obtained from the Division of Consumer Services by calling toll-free (1-800-435-7352) within the state or from its website at WWW.800HELPFLA.COM. Registration does not imply endorsement, approval, or recommendation by the state. EIN# 59-1005169

COPIES: White = Payroll Department Yellow = United Way's Copy Pink = Donor's