

SALINA AREA UNITED WAY

CAMPAIGN PAYROLL PLEDGE FORM

PERSONAL INFORMATION

Mr./Mrs./Ms First Name M.I. Last Name

Employer Work Phone

Home Address Cell/Home Phone

City, State, Zip

E-Mail Check to receive a monthly e-newsletter containing volunteer, community, and campaign information

CHECK ONE PAYMENT METHOD (This pledge will remain in effect until changed by me)

PAYROLL DEDUCTION

OPTION A: Per Pay Period

\$25 \$20 \$15 \$7.85

X

_____ (pay periods per year)

=

\$ _____

Total Gift Amount

My gift is 1% or more of my salary

I want a portion of my payroll deduction to go towards the Early Childcare Initiative Fund:

\$ _____

(dollar amount of each payroll deduction to go to ECIF)

OPTION B: Direct Gift

Cash or check _____

Enclose check payable to:
Salina Area United Way

I want a portion of my donation to go towards the Early Childcare Initiative Fund:

\$ _____

(dollar amount of donation to go to ECIF)

Online at www.unitedwaysalina.org
(click 'GIVE' on home page)

Text to SAUW: TEXT SAUW to 41444
or scan the QR Code

DIAMOND DONOR
(Check above if you have been a United Way donor for 25 years or more!)



Signature: _____

Date: _____

(must have signature to process)

Salina Area United Way
STRENGTHEN OUR COMMUNITY
Grow from yesterday. Give for today. Guarantee tomorrow.



CONTACT US:
Salina Area United Way
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(785) 827-1312