

United Way of 1000 Lakes
350 NW 1st Avenue, Suite A
Grand Rapids, MN 55744
(218)999-7570 • info@uway1000.org
www.unitedwayof1000lakes.org

Name _____
Home Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____
Company Name _____

DIRECT CONTRIBUTION of \$_____ Total Check Cash
or Bill me = quarterly **or** Once in _____ (month)
(circle one)
Visa MC Discover CC# _____
Exp. date ____/____ Signature _____

PAYROLL DEDUCTION
Number of Pay Periods per Year _____
Per Pay Period \$5 \$10 \$25 Other \$ _____
One time deduction \$ _____

Billing or deduction begins in January
Your contribution remains in United Way of 1000 Lakes general fund unless otherwise specified.

OPTIONAL: Please designate my gift to: Health Education Financial Stability - Independence

Or: _____

(Thank you for your fully tax deductible gift. No goods or services were given by United Way of 1000 Lakes in consideration of this contribution)

White Copy - United Way Office Yellow Copy - Payroll Department Pink Copy - Donor Receipt