



# CAMPAIGN PLEDGE FORM

Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please keep me informed how United Way helps through the United Way e-newsletter.

## EMPLOYEE CAMPAIGN DONATION

Employer: \_\_\_\_\_

\$ \_\_\_\_\_ per pay period X \_\_\_\_\_ pay periods = \$ \_\_\_\_\_ total pledge

**OR** one time payroll deduction of \$ \_\_\_\_\_

**OR** Lump sum of \$ \_\_\_\_\_ enclosed (*cash or check*)

\_\_\_\_\_  
Signature

## UNITED WAY OF MCPHERSON COUNTY

306 N. Main, PO Box 55

McPherson, KS 67460

620.241.5152

[www.unitedwaymcpherson.org](http://www.unitedwaymcpherson.org)

United  
Way



United Way of McPherson County will not share your information for any purpose. IRS regulations require that we state no goods or services were provided by United Way of McPherson County as whole or partial consideration of this contribution. Please retain a copy of this document as a receipt for income tax purposes.

# THANK YOU!