

Donor Information: (please print)

Name _____

Workplace _____

Home Address _____

City, State, Zip _____

Home Phone _____

Email _____

Signature _____ Date _____

- My spouse/partner also contributes and our joint gift exceeds \$500 and qualifies us for Ambassador Society membership.



LIVE UNITED

I pledge a total gift of \$ _____ to be paid by:

- Payroll Deduction: I want my employer to deduct
\$ 20 ___ \$ 10 ___ \$ 5 ___ \$ 3 ___ \$ _____ per pay period.

- Cash / Check (Please make payable to United Way of Ashtabula County)

- Visa Master Card Am. Express Discover

_____ _____
Card Number Exp. Date.

- Bill me at home (\$25 minimum please).

I want my gift to be used in the following way:

- Let local volunteers decide where my gift will do the most good in Ashtabula Co.
 Send my gift to the nonprofit agency or United Way named below (\$25 minimum)

No goods or services were given by United Way of Ashtabula Co. in exchange for this pledge.

Thank you for your gift.

If you wish to make an individual pledge please complete and return this form to the United Way of Ashtabula County.

Address: 2801 C Court Ashtabula, OH 44004

Fax: 440.992.5535