



Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Company Name (if applicable): _____

Direct Contribution:

Check \$ _____

Cash \$ _____

Total Gift \$ _____

Payroll Deduction:
To be deducted according to my company plan.

\$2/pay \$10/pay

\$3/pay \$20/pay

\$4/pay \$____/pay

\$5/pay

Total Gift \$ _____

Credit/ Debit Card

VISA

MasterCard

Discover

American Express

Card #: _____

Exp. Date: _____

Total Gift: \$ _____

Live United

Signature: _____ Date: _____
(Required for ALL giving options)

CCUW Leadership Giving

If you, you and your spouse (combined pledge) or your company give a pledge totaling \$100.00 or more; you can become a member of the Cheboygan County United Way Leadership Society.

Community Partner \$100- \$249 Bronze Level \$250- \$499 Silver Level \$500- \$999

Gold Level \$1000- \$2499 Platinum Level \$2500 +

Please print my/our/company name(s) as follows, in recognition materials:

Name: _____

Please tell us how you would like your gift to help our local community:

Community Care: I would like my gift to help Cheboygan County United Way and all of its programs.

Specific Care: Direct my gift to a specific United Way program.
(Please see Brochure).

Program Name: _____ Gift Amount: \$ _____