



### 1 My Contact Information (please print)

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_ SUFFIX: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_


### 2 My United Way Investment (please complete sections A, B, C, and D)

#### A GIVING LEVEL (choose one)

- FAIR SHARE INVESTMENT**  
*Eligible for Fair Share Challenge*  
**Hourly employees:** pledge 1 hours pay or more per month  
**Salary employees:** pledge 0.6% of annual salary
- LEADERSHIP INVESTMENT**  
*Minimum investment of \$500*
- OTHER INVESTMENT**  
**NOT** eligible for Fair Share Challenge  
*If you selected this option, please include the amount per pay period you would like to pledge in the space below. If investing a one time payment please write N/A.*

\$ \_\_\_\_\_ per pay period (only fill this out if selected "other investment")

#### C INVESTMENT OPTIONS (choose one)

- PAYROLL DEDUCTION**  
*Automatically deduct payments from each paycheck over 12 months beginning in 2024 (This can be weekly, bi-weekly, monthly, etc. depending on your employer's pay schedule.)*
- PAY NOW BY ATTACHING CASH OR CHECK**  
*Please make all checks payable to United Way of Wayne County*
- PAY WITH CARD**  
*By visiting [unitedwayne.org/payyourcampaign](https://unitedwayne.org/payyourcampaign) or scan the QR code with your phone camera for a direct link.* 
- PAY LATER BY DIRECT BILL (\$60 minimum)**  
*Your home address is required.*  
*If direct bill, choose a billing preference:*  Quarterly  On-time billing on \_\_\_\_\_ date
- STOCK PAYMENT DATE**

#### B TOTAL ANNUAL INVESTMENT

*In this section please include the total dollar amount that you will be investing over a 12 month period.*

\$ \_\_\_\_\_

*If you need help calculating your total annual investment, please see your payroll department*

#### D DIRECT MY INVESTMENT TO: (choose one)

*Directing your payment requires a **minimum investment of \$60.***

- Community Campaign** *(impact ALL programs and initiatives)*
- Education  Health & Wellness  Basic Needs  Financial Stability
- United Way of Wayne County funded program: \_\_\_\_\_  
*fill in program name*
- Direct my investment to another United Way: \_\_\_\_\_  
*fill in United Way name*  
*If investing in another United Way community, please include the state that community resides in: \_\_\_\_\_*  
*State*

*\*For a full list of United Way of Wayne County's Funded Programs, please visit [unitedwayne.org/community-partners](https://unitedwayne.org/community-partners) or scan the QR code below with your phone camera*

### 3 Confirm my investment (Signature and date are required for all payment methods and for this pledge to be considered valid)

My Signature: \_\_\_\_\_ Date: \_\_\_\_\_

