

Cleveland County Government, You Can Make A Difference.

Our Mission is to help people. We are stronger together.



DONOR INFORMATION

NAME (Please Print): _____

EMPLOYEE ID: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

METHOD OF PAYMENT

EASY PAYROLL DEDUCTION: To help United Way agencies provide vital health and human care services in my community, I authorize my employer to deduct my pledge from my paycheck.

Fairshare Plus: About 1½ hours pay per pay period, 1% of my annual income

Fairshare: One hour's pay per pay period, .6% of my annual income

Growing Together: \$8 per pay period

United We Grow: \$5 per pay period *Minimum to be entered into the raffle prize drawings*

Other (Please Select the amount you would like to be deducted per pay period):

\$20 \$15 \$10 \$3 Other \$_____

OTHER WAYS TO DONATE

NON-PAYROLL

Direct Bill:

Total Pledge \$ _____ Paid Now \$ _____ Amount Due \$ _____

Please Bill Me for The Amount Due (you will be billed at the above address)

Monthly Quarterly Semi-Annually Annually Beginning ____/____/____

Cash or Check Enclosed \$ _____

Thank you for supporting our community!

United Way of Cleveland County – 132 West Graham Street – Shelby, NC 28150 – 704-482-7344

www.uwclevco.org