

## **GIVING FORM**

At United Way of Sheboygan County, we invest in vital programs that help 45,000 people in our community stay healthy, housed, and fed – especially when no other help is available. Now more than ever, your gift protects our most vulnerable neighbors, right here in Sheboygan County.

STEP 1	YOUR INFOR	MATION		
FIRST NAME	M.I.		LAST NAME	SUFFIX
MAILING ADDRESS		CITY	STAT	FE ZIP CODE
EMPLOYER & EMPLOYEE ID	(IF APPLICABLE)	EMAIL	OPT-IN: I would like to receiv about needs in our communi	e monthly updates from United Way of Sheboygan County ty and the impact of my gift.
STEP 2	YOUR GIFT T	O THE CON	IMUNITY	
PAYROLL DEDUCTION	Amount Per Pay Perio	bd X	26 Pay Periods <b>=</b>	My Total Annual Gift
ONE-TIME GIFT			\$ Check #	Date
OTHER GIVING  OPT-OUT	<ul><li>I would like United Way endowment, etc).</li><li>I would like to opt-out f</li></ul>			other ways of giving (stock,
STEP 3	YOUR LOCAL	IMPACT By	skipping this section, your g	ift will go to the Community Action Fund.
Community Action Fund Supporting 17+ local nonprofits	Youth Opportunity Supporting the Sheboygan Co. Supp	ental Health & Ilthy Community orting Providing Access to Size the United States of the Community of the United States of the United	Volunteerism & Community Service Supporting the Volunteer Center	
and responding to greatest needs in Sheboygan County \$ AMOUNT	for Children	aling (In-school therapy)  MOUNT	of Sheboygan Co. \$ AMOUNT	NAME OF ORGANIZATION  EIN #  \$ AMOUNT
STEP 4	YOUR COMM	ITMENT		
SIGNATURE			1	DATE
SPOUSE/PARTNER NAME  I would like to remain a	nonymous on public materials thanking			ame and/or gift to be recognized with mine.