



UNITED WAY OF ASHLAND COUNTY "ROCKSTARS & LEGENDS ROCK ON" 2021 CAMPAIGN



132 W. Main Street, Lower Level
Ashland, OH 44805 419-281-5551

Title _____ First Name _____ Last Name _____

Street _____ City _____ Zip _____ Combine my gift with my spouse _____ Name _____

Phone _____ Email _____ I have been contributing to United Way for _____ years

I wish my gift to remain Anonymous

EMPLOYER: _____ Proud New Donor

PAYROLL DEDUCTIONS

PLEASE COMPLETE THE FOLLOWING:

A—Gifts Per Paycheck

- \$50
- \$25
- \$15
- \$10
- \$5
- \$2
- \$_____ Other

B—Paychecks per year

- 52 (Weekly)
- 26 (Bi-Weekly)
- 24 (Semi-Monthly)
- 20 (Schools)
- 12 (Monthly)
-



Website www.uwashlandoh.org

smile.amazon.com

Find us on www.facebook.com/Unitedwayofashlandoh

A _____ x B _____ = \$ _____ **TOTAL PAYROLL PLEDGE**

CHECK/CASH/CREDIT CARD OR DIRECT BILL DONATION

Personal Check (Enclosed) (Payable to United Way of Ashland County)

Cash (Enclosed) Check # _____

\$ _____

TOTAL CHECK/CASH CREDIT CARD PLEDGE

Bill Me Monthly Quarterly Other _____

Electronic Funds Transfer (Attached a voided check) Monthly Quarterly Other _____

Credit/Debit Card Number (Circle One: Visa, Discover, Mastercard)

Expiration Date: _____/_____/_____

Signature: X _____

No compensation, goods or services have been given to the donor in return for their contribution.

Donor Designation Not Required.

If Designating your gift it must be a minimum of \$25.00 per program/agency to be honored.

Designate to: _____

Amount Designated: _____ Amount to United Way of Ashland County: _____

Designations will be processed for the United Way of Ashland County Partner Agencies. Other United Ways and their Agencies, and Other 501©3 Approved Agencies—Please include name of organization with full address and phone number. If you have a question, or not sure, please call Jill at the United Way office 419-281-5551 or email jill@uwashlandoh.org.

Contact Number: _____ Designation Address: _____