



United Way of Ashland County

"THE SHOW GOES ON" 2023 Campaign

32 W. South Street, Ashland, OH 44805
419-281-5551
www.uwashlandoh.org



Title _____ First Name _____ Last Name _____

Street _____ City _____ Zip _____ Name _____

Phone _____ Email _____

EMPLOYER: _____

Combine my gift with my spouse _____

I have been contributing to United Way for _____ years

I wish my gift to remain Anonymous

Proud New Donor

PAYROLL DEDUCTIONS PLEASE COMPLETE THE FOLLOWING:

A—Gifts Per Paycheck

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

B—Paychecks per year

- 52 (Weekly)
- 26 (Bi-Weekly)
- 24 (Semi-Monthly)
- 20 (Schools)
- 12 (Monthly)
- One Time Payroll Deduct

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: _____