

United Way of Jackson County

729 West Michigan Avenue - Jackson, MI 49201 - (517) 784-0511 - www.uwjackson.org



what matters™

Personal Information (Please Print Firmly & Clearly)

Last First MI

Home Address

City State Zip

Workplace/Employer Employee #

Email Address

- I wish to remain anonymous.
- I would like to receive an acknowledgement of my gift.
I have been a donor for _____ years.

Payment Information (Please Select A Payment Option)

EASY PAYROLL DEDUCTION

I wish to contribute \$_____ each pay period.

\$25 \$10 \$5 \$3 Other _____

My pay period is:

- Weekly (52 weeks) Bi-Weekly (26 weeks)
 Monthly (12 months) Semi-monthly (24 weeks)
 One time payroll deduction Other

ONE TIME GIFT

- Cash/Check Enclosed _____
- Please charge to my Visa/Mastercard/American Express
Card # _____
Expires: _____
- Bill me direct (\$50 minimum - must provide billing address)

My total annual gift to United Way is \$ _____

Authorization:

Signature

Date

This Section Optional

I want to impact a specific area of need!

Vision Council Volunteers focus on distributing resources that will impact a targeted care area. Each targeted care fund helps to meet the highest priorities of that specific area.

\$ _____

- Children** - Preparing children to learn and succeed
- Youth** - Developing happy, healthy youth
- Adults** - Helping adults become self-sufficient
- Families** - Strengthening families
- Seniors** - Living with dignity & contributing to the community

OR

I want my gift to go to a specific agency.

*The organization must be a health or human service organization, must have a 501(c)(3) tax exempt status and **not** be a service club or fraternal organization.*

Agency _____

Address _____



\$ 3.00



\$10.00



\$ 5.00



Do you wonder what results your support will achieve? Here are just a few examples.

\$15.00



\$20.00



\$50.00



\$3.00 a week will supply our Veterans with transportation to hospitals in Ann Arbor and Battle Creek where they can get much needed health care.

\$5.00 a week will provide a child with a caring adult mentor who will serve as a positive role model and friend.

\$10.00 a week will protect infants and children by providing safe and secure car seats to families and caregivers who can't afford them.

\$15.00 a week will improve the lives of our ailing loved ones by providing families and caregivers much needed respite care.

\$20.00 a week will provide quality child care so 40 families in need can work and get back on their feet.

\$50.00 a week will leverage over \$2,000,000 in free emergency and maintenance prescription drugs for hundreds of county residents who are unable to pay.

When making your will or other estate plans, please consider United Way of Jackson County.

