

# United Way of Garfield County Pledge Form

Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Employer \_\_\_\_\_

E-mail Address: \_\_\_\_\_



I authorize my employer to deduct \$ \_\_\_\_\_ per pay period = \$ \_\_\_\_\_ per year

I authorize my employer to deduct a one-time donation of \$ \_\_\_\_\_

My cash/check for a donation of \$ \_\_\_\_\_ is attached

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Designations: \_\_\_\_\_

[www.unitedwayofgarfieldcounty.org](http://www.unitedwayofgarfieldcounty.org)

**THANK YOU FOR YOUR TAX-DEDUCTIBLE CONTRIBUTION!**

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White: Send to United Way    Yellow: Employer    Pink: Employee