



**1. Donor Information (Please Print)**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Last Year's Contribution \$ \_\_\_\_\_

- I have been a donor for 25 years or more.
- Please send me information on including United Way in my will or trust.
- I would like to make a gift of stock, please contact me.

My email is: \_\_\_\_\_  
 Please email me your e-newsletter (bi-monthly)  
 I would like to learn more about volunteer opportunities.

**2. Payment Options (Select One)**

Payroll Deduction (per paycheck)	Electronic Funds Transfer	Cash or Check	Credit Card (\$25 minimum)	Direct Billing (\$25 minimum)
<input type="checkbox"/> \$15 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 <input type="checkbox"/> \$3 Other \$ _____ Care Share (1 hour pay/month) \$ _____ X _____ # of Pay Periods Per Year (Ex: Paid Weekly = 52, Monthly = 12, Bi-weekly = 26, Semi-monthly = 24) Total Gift \$ _____	Once \$ _____ Monthly \$ _____ Name of Financial Institution: _____ Transit/Routing Number: _____ Account Number: _____ <input type="checkbox"/> Checking (Include voided check) <input type="checkbox"/> Savings Total Gift: \$ _____	<input type="checkbox"/> Cash Attached <input type="checkbox"/> Check Attached (payable to Marshfield Area United Way) Total Gift \$ _____	Account # _____ Expiration Date: _____ <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Total Gift \$ _____	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually Total Gift \$ _____

**The Marsh Society – Leaders In Giving**

Donations of \$500 or more qualify for The Marsh Society. (Couples may combine gifts to qualify.) Be a leader in improving lives and strengthening our community.

My gift \$ \_\_\_\_\_ Spouse's gift \$ \_\_\_\_\_ Combined gift \$ \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_

*Please indicate below how your name(s) should appear in The Marsh Society recognition*

I DO NOT WANT to receive a recognition pyramid.     I DO NOT WANT to receive a year plate for my pyramid.  
 I DO NOT WANT my name to appear in recognition publications. I wish to remain anonymous.

Bronze:	\$500 - 749
Silver:	\$750 - 999
Gold:	\$1,000 - 1,499
Platinum:	\$1,500 - 2,499
Diamond:	\$2,500 - 9,999
Alex de Tocqueville Society:	\$10,000 +

**3. Authorized Signature Required**

Signature \_\_\_\_\_

**4. Optional**

I prefer my donation to be targeted toward:  Community & Basic Needs     Families & Seniors     Youth Initiatives  
 I prefer to designate my gift to a specific Program: \_\_\_\_\_  
*(Partner Programs receive the greater of their designations or allocations.)*  
 I prefer to designate my gift to the United Way serving the community of \_\_\_\_\_.

No goods or services have been provided to the donor in return for this contribution. Designations sent to United Ways located outside of Wisconsin will be charged a small administrative fee for pledge processing.