

United Way of Wise County

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LIVE UNITED™

Pledge Form, 2018 – 2019 CAMPAIGN to Advance the Common Good

TO: Payroll Department
Employer Name _____

FROM: Employee Name _____
Employee ID _____ (if applicable)

ABSOLUTELY! You can count on me! I Choose to “LIVE UNITED”!

Here’s my pledge to help our youth, our elderly and our neighbors in need.

TOTAL ANNUAL PLEDGE: _____

Option 1 - Payroll Deduction, Percentage per pay period:

Please deduct the following checked item from my regular paycheck:

1% of salary 2% of salary 1 hour’s pay/mo 2 hour’s pay/mo

Beginning with the pay period _____

And continuing for _____ pay periods

Option 2 – Payroll Deduction, \$\$ per pay period:

Please deduct \$_____ from my regular paycheck

Beginning with the pay period _____

And continuing for _____ pay periods

Option 3 – One-time Payment:

Please forward attached check for \$_____ to United Way of Wise County. (Check should be made out to “United Way of Wise County”.)

Standard designation: The United Way of Wise County Community Fund.

Optional designation: Please designate my contribution to _____.

Signature: _____

Thank you! Your contribution is very important to your community. Please return completed form as soon as you can to your Payroll Department.