



UNITED IS THE WAY™

INVEST MY CONTRIBUTION IN:

- ☐ South Wood County
☐ Adams County

Place employee label here if applicable.

STEP 1: CONTACT INFORMATION (PLEASE PRINT CLEARLY. Your personal information is never shared)

First Name: _____ MI: _____ Last Name: _____
Home Address: _____ City: _____ Zip: _____
Email: _____ Phone: _____
Employer: _____ ☐ I prefer that my gift remain anonymous.
I prefer to be thanked for this donation by: ☐ Mail ☐ No thank-you note

STEP 2: CHOOSE ONE OF THE FOLLOWING DONATION OPTIONS

☐ EASY WORKPLACE PAYROLL DEDUCTION

I will contribute the following amount each pay period:

- ☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50
☐ Other: _____

Number of pay periods:
(circle one)

12 24 26 52

Other _____

Total Gift \$ _____

☐ CASH OR CHECK

Total Gift \$ _____

Amount Enclosed:

\$ _____

☐ PLEASE BILL ME:

(\$25 minimum)

☐ Monthly ☐ Quarterly

☐ Once (mm/yr) _____

Make checks payable to United Way
of South Wood & Adams Counties

**Make a debit/credit card
donation at www.uwswac.org**

☐ PERSONAL AUTOMATIC WITHDRAWAL

Deduct \$ _____ Total Gift \$ _____

☐ Monthly ☐ Quarterly

☐ Once on the 15th of: _____ (month).

From my [☐ Checking ☐ Savings] Account

☐ Option A (preferred):

I have attached a voided check

☐ Option B: I will fill out below

Financial Institution _____
Address _____

Routing # _____

Account # _____

I hereby authorize United Way of South Wood & Adams Counties to initiate this transaction, effective the 15th of the applicable month(s) and continuing thereafter. This authority is to remain in effect until revoked by me in writing. Deductions will begin in January.

☐ I am a **Leadership Giver** (\$500 or more). Combined with spouse/significant other (name): _____

☐ I am a **Loyal Contributor** (10 years or more). I have donated to United Way since (year): _____

Signature: _____

Date: _____

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. For payroll deductions, you will also need a copy of your pay stub or W-2 showing the total amount withheld. Please consult your tax advisor.

STEP 3: OPTIONAL - YOUR DONATION AT WORK

☐ All Programs

I want to make the greatest impact by supporting all programs.

☐ Healthy Community \$ _____

☐ Youth Opportunity \$ _____

☐ Financial Security \$ _____

☐ Community Resiliency \$ _____

☐ **United Way Partner Program** (\$25 minimum)

☐ **Another United Way** (\$25 minimum)

Thank You!

GIVE & WIN!

Donate **\$1.00 per week / \$52.00 per year** for 50 chances to **WIN** one of five **\$1,000 cash prizes**; increase your prior donation of \$52.00 or more by \$26.00 or more and double your chances to 100!

THANK YOU TO OUR 2025 SWEEPSTAKES SPONSORS



Official rules at uwswac.org

United Way of South Wood & Adams Counties • 351 Oak Street, Wisconsin Rapids, WI 54494 • 715-421-0390 • www.uwswac.org

WHITE COPY - UNITED WAY YELLOW COPY - EMPLOYER PINK COPY - DONOR