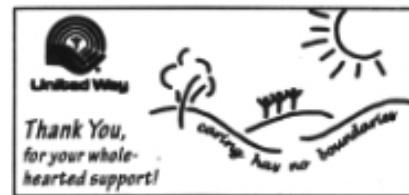




**United Way of Northeastern Minnesota Inc.**  
229 West Lake Street, P.O. Box 66, Chisholm, MN 55719



**Yes!! I want to help my community through United Way!**

**Total Gift \$** \_\_\_\_\_ **Paid Now \$** \_\_\_\_\_ **Balance \$** \_\_\_\_\_

**Payroll Deduction**  
I authorize my employer to deduct:  One hours per pay month

**Direct Contribution**  
I remit my pledge in full  
 check  cash  bill me direct  
(>\$25.00 or more)

Name \_\_\_\_\_

Per pay period:  \$2  \$5  \$7  Other \$ \_\_\_\_\_

Address \_\_\_\_\_

Heart Club Contribution per pay period:  
 \$10  \$20  \$30  Other \$ \_\_\_\_\_

City \_\_\_\_\_

Company \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Type: \_\_\_\_\_

Exp. Date: \_\_\_/\_\_\_/\_\_\_

\*\*\* No goods or services were given by United Way of NE MN in consideration for this contribution.

Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

S.S. or Employee # \_\_\_\_\_

(Optional)

**Donor Designation (Optional)**

Each year a volunteer allocation committee reviews agency applications, which include financial records, program descriptions, etc., makes on-site visits and then interviews the agencies requestion funds. This process allows your pledge to be used to fund agencies with the greatest needs.

**For those wishing to direct their gift:**

**Direct care: I wish to give to the following United Way agency(ies) only.**

As a condition of accepting your direct care designation, the United Way Allocation committee reserves the right to redirect your gift if the committee perceives needs elsewhere in the community that are greater.

**Care with Exception: I wish to support the entire family of United Way Agencies with the exception of**