



United Way Montcalm-Ionia Counties  
 302 S. Bridge St.  
 Belding, MI 48809  
 616-794-9840  
[www.liveunitedm-i.org](http://www.liveunitedm-i.org)

**Montcalm - Ionia Counties**

**1. ANNUAL DONATION**

I would like to invest in my community by supporting United Way Montcalm-Ionia Counties! My contribution will support local community efforts to fight for the Health, Education and Financial Stability of every person in Montcalm & Ionia Counties.

I authorize my employer to deduct:

\$5     \$10     \$25     \$ \_\_\_\_\_

Per pay period for \_\_\_\_\_ pay periods.

Total Annual Donation: \$ \_\_\_\_\_

**Funding Goals**



**Basic Needs:** Ensure people have access to food, affordable housing and shelter, healthcare and other vital resources.



**Secure Families:** Provide education and resources to move struggling households toward self-sufficiency.



**Student Achievement:** Prepare local children for kindergarten and give all students resources to complete high school and become career/college ready.

- I prefer to remain anonymous.     I am interested in making a planned gift.     I am interested in volunteering.  
 I want to see how my donation is invested. Please send occasional information on how my gift is invested, the e-newsletter and volunteer opportunities via email.

**2. GIVING METHOD**

**PAYROLL DEDUCTION**

**CASH OR CHECK**

**CREDIT CARD**

**Check one:**

Divide my gift equally among # \_\_\_\_\_ pay periods

Cash (clip to form)

Personal check# \_\_\_\_\_

Deduct my total annual gift from the first paycheck of the year

To keep your information secure, please do not write your credit card number on this form. Please visit [www.liveunitedm-i.org](http://www.liveunitedm-i.org) and choose DONATE.

**3. MY INFORMATION**

MR./MRS./MS./DR FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_

PREFERRED PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_  I'm a member of: \_\_\_\_\_ union and local number \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ SIGNATURE \_\_\_\_\_ (required)

**OPTIONAL:** I would like \$ \_\_\_\_\_ of my annual donation (noted above) delivered to the following 501(c)3 of my choosing. I understand I must make a minimum gift of \$50 to an outside charity to use this option due to the processing time and costs of this courtesy service.

CHARITY NAME \_\_\_\_\_ CHARITY ADDRESS \_\_\_\_\_

Thank you for your contribution to the UWMI campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You may also need a copy of your paystub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.