



2020 PLEDGE FORM

United Way
Montcalm - Ionia Counties

First Name

Last Name

Address

City State Zip

Email

Phone

EMPLOYER: _____

PAYMENT INFORMATION:

- Payroll Deduction \$ _____ Per Pay Period \$ _____ Total Contribution
- Check \$ _____ Total Contribution
- Cash \$ _____ Total Contribution

OPTIONAL DESIGNATIONS

- Health Impact Fund
- Educational Impact Fund
- Financial Stability Fund
- United Way's 211
- Jon Caswell United Way Literacy Fund
- Emergency Response Fund

DONOR NOTES: _____

100% OF YOUR GIFT STAYS IN MONTCALM AND IONIA COUNTIES.

PLEASE RETURN THIS FORM TO YOUR PAYROLL DEPARTMENT OR MAIL DIRECTLY TO UNITED WAY AT THE ADDRESS ON THE REVERSE SIDE OF THIS FORM