UNITED IS THE WAY



YOUR INFORMATION

FIRST NAME

2025 - 2026 CAMPAIGN PLEDGE

	JFFIX PT/UNIT #	week and a new car with the	260.00 or \$5.00 a be eligible to win or \$15,000 in cash Greenwood Extra Giveaway!!	
CITY STATE ZI	<u>P</u>		on our website	
PREFERRED PHONE O CELL O HOME O WORK	www.unitedwaytrumbull.org			
EMAIL ADDRESS EMPLOYER (IF CONTRIBUTING THROUGH A WORKPLACE CAMPAIGN)	Learn more about how we help people in our community to LEARN WELL, EARN WELL & STAY WELL			
YOUR GIFT				
PAYMENT OPTIONS CREDIT CARD PLEASE VISIT WWW.UNITEDWAYTRUMBULL.ORG OR CALL 330-369-10 CHECK ATTACH & MAKE PAYABLE TO UNITED WAY TRUMBULL COUNTY	PAYROLL D OO AMOUNT PER PAY ○\$100 ○ \$20 ○\$50 ○\$10	PAY PERIODS Output O	ANNUAL GIFT +	

 \bigcirc \$25 \bigcirc \$5

O _____ OTHER O _____ OTHER

AMOUNT PER PAY X PAY PERIOD =

ANNUAL GIFT

MI

YOUR ADDITIONAL GIFT FOR OGIL OR THE DIABETES INITIATIVE
WILL BE ADDED TO YOUR ANNUAL GIFT. YOUR PAYROLL
DEDUCTION WILL INCREASE BY \$25 ANNUALLY. FOR 24 PAY
PERIODS, YOUR DEDUCTION WOULD INCREASE BY \$1.04. PER PAY

YOUR IMPACT - OPTIONAL INVESTMENT OPTIONS

- MOST IMPACT-COMMUNITY IMPACT FUND
- ANOTHER COMMUNITY AGENCY OR UNITED WAY (Minimum contribution is \$50.00. Must be a 501(c)3 organization).

PROGRAM.

OUARTERLY

Name of agency or United Way

ONE TIME (ADD DATE)

O I WOULD LIKE TO GIVE AN

YEAR FOR THE WOMEN

UNITED DIABETES

ADDITIONAL \$25.00 THIS

PRESCRIPTION ASSISTANCE

THANK YOU!

AND/OR DIABETES INITIATIVE

Original - United Way Copy - Payroll & Donor

YOUR SIGNATURE

BILL ME O MONTHLY

O I WOULD LIKE TO GIVE AN

YEAR FOR THE OHIO

MONTH FOR 1 CHILD.

1 BOOK PER

ADDITIONAL \$25.00 THIS

GOVERNOR'S IMAGINATION

LIBRARY (OGIL) TO PURCHASE

X

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need your W-2 or other employer document showing the amount withheld and paid to a charitable organization.

United Way of Trumbull County 295 Harmon Ave. NW Warren, Oh. 44483 330-369-1000