

United INVEST IN OUR COMMUNITY TODAY!

	®				
Twin County United	Way Text to G	live: Text	TCUW to 4040	03 Donate o	online: www.tcuw.org
Pledge Form	WW	w.tcuw.org	P.O. Box 1660 • Lew	iston, ID 83501	208.743.6594 phone
STEP Mr/Ms/D			MI Last Name		Jr/Sr
Preferred Name		ersonal Mailing .	Address		
City	State Zip (Code	Employer		
Phone Number Ocell	ODirect OHome Personal	E-mail Address		~	ve Twin County United Way e-newsletters.
CTED 2		. 141		◯ I wish for my gift to re	emain anonymous.
STEP 2 Ch	oose your amount ar	ia metnoc	d of payment.		
(If you are paid every other	tion: I want to contribute the week, use 26 pay periods. If twice	a month, use 24	4 periods.)	\$ x Per Paycheck x I	Pay Periods = Payroll Deduction Amount
Cash (Enclosed):	Check (Enclosed):	*Charge l	Me: O Visa OMC (American Express	Card Number
\$ Cash Enclosed	\$Check Enclosed	Per Charg	$ \frac{\mathbf{x}}{\text{ge}} \frac{\mathbf{x}}{\mathbf{x}} 1, 4 \text{ or } 12 = \mathbf{T} $	otal Charged Amount	Expiration Zip Code CVV
*Bill Me:		*Automat	tic Bank Withdrawa	l: (Attach voided check.)	φ.
\$ x	= \$ 2 = Total Billed Amount	\$ Per Mont	x = \$ = \$ th x 1 or 12 =	Total Amount	= Total Gift Amount
*Minimum \$50 for these do	Veili	Paypal	countyunitedway l: @tcuw	continue I would l	like my gift to be perpetual and until I cancel. like to be contacted about planned there donation options.
STEP Plea	ise choose how you	want to in	vest in your com	munity.	
%	Area of Greatest	Need	Make the greatest imp Invest in what is needed works locally to advantand health.	ed most and what	
%	Education/Cradle to 0	Career	Help children achieve the	eir full potential	
%	Income		Fight poverty and promote financial independence.		i ed nited
%	Health		Improve the overall healt Nez Perce counties.	h of people in Asotin and	d
%	Designated Contribution	NONPROFIT NA.	Designations must be to a	NONPROFIT ADDRE	ess gistered with the IRS. If you choose to give r designated gift must be at least \$50. Gifts less unity Fund.
100%	TOTAL		Please release my name		
STEP 4 — My	Signature		D	ate·	

Email completed form HERE (completed PDF will attach to email)

Thank you! Together, we fight for the health, education and financial stability for EVERY person in our community.

Payroll Deduction Calculator

United Way Community Campaign

Depending on how much you donate through an automatic payroll deduction and what type of pay schedule your company uses, here is a breakdown of per-paycheck contributions:

Weekly (52 paychecks)	Every 2 Weeks (26 Paychecks)		Once a Month (12 Paychecks)	Total Gift
\$50	\$100	\$108.33	\$216.66	\$2,600
\$30	\$60	\$65.00	\$130.00	\$1,560
\$25	\$50	\$54.17	\$108.33	\$1,300
\$20	\$40	\$43.33	\$86.66	\$1,040
\$15	\$30	\$32.50	\$65.00	\$780
\$10	\$20	\$21.67	\$43.33	\$520
\$5	\$10	\$10.83	\$21.66	\$260
\$2.50	\$5	\$5.42	\$10.83	\$130

Harvest Club

Leadership Giving Levels

I would like to be a Harvest Club Donor. Please recognize me(us) in the following category:							
	○ Harvest Club\$1,000+	○ Cream of the Crop\$5,000+					
To combine your gift with a spouse or partner for Harvest Club giving, please include his/her name below:							
Mr/Ms/Dr	First Name MI Last Name	Jr/Sr					
Please PRINT your name(s) as you would like to be recognized:							







