Pledge Card

United Way of Crookston

☐ Corporate ☐ Individual

Name: _____ Total Pledge: _____

Company: _____ Phone/Email: _____

Thank you for your support!

1 PAYROLL DEDUCTION

I authorize my employer to deduct $ _____ per paycheck for _____ pay periods.

TOTAL YEARLY PLEDGE $ _____

2 CASH OR CHECK PAID NOW

AMOUNT $ _____ ☐ Cash ☐ Check Check Number _____

Make checks payable to: **United Way of Crookston, Inc.**

3 DIRECT BILL (Minimum of $50)

$ _____ TOTAL PLEDGE $ _____ PAID NOW $ _____ BALANCE DUE

Please bill me for Balance Due: ☐ Once (Date) _____ ☐ Quarterly ☐ Semi-Annual (Starting Jan. 1)

4 CREDIT CARD (Minimum of $50)

VISA / MASTERCARD / AMEX / Disc.

_____ Exp. Date ____/____ CVC Code _____ Zip Code _____

CONTRIBUTOR'S SIGNATURE _____ DATE _____

Brandner Printing Co.

Please print or send a copy to your employer's payroll department and keep one for your records

OR Mail form to: PO Box 218 Crookston, MN 56716 or Email to: exec@unitedwayofcrookston.org