3. PLEDGE INFORMATION

O PAYROLL DEDUCTION

\$ _____ pay period for # _____ pay periods

O ONE TIME GIFT

☐ Enclosed Check #_____ Amount \$____

O ACH (attach voided check)

☐ Monthly gift of \$_____ for____ months

 CREDIT/DEBIT/STOCK (we will contact you at the phone number provided for credit card information)

☐ Monthly credit card gift of \$_____

One time gift of \$_____ in the month of _____

Recurring and monthly gifts begin in January unless otherwise noted to being in:

MY TOTAL CONTRIBUTION IS \$

Date

Send \$ ____ of my contribution to another United Way:

Name of United Way (\$50 minimum)

Keep a copy of this form for your tax records. United Way does not provide goods or services in whole or partial compensation for any contribution.

Your investment in United Way of Marathon County is helping people in our community by connecting them with local resources like food, housing, and mental health services.





211 connects individuals with information on support services, including child care, utility assistance, job training, after-school programs, crisis intervention, healthcare resources and more.

211 is completely confidential and free to use 24 hours a day, 365 days a year.



Share your time and talents to help others in need. United Way's volunteer program connects people with opportunities to make a difference in our community. Give us a call or visit our website for more information.

STAY IN TOUCH

Sign up for United Way's newsletter at unitedwaymc.org and join us on:









705 S. 24th Ave, Suite 400B Wausau, WI 54401 715-848-2927



UNITING TO THRIVE





United Way of Marathon County

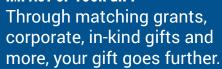
OUR MISSION: UNITING TO THRIVE

WHY GIVE



YOUR DOLLARS STAY LOCAL Your gift stays in your community.

UNITED WAY MAXIMIZES THE IMPACT OF YOUR GIFT





Together we can LIVE UNITED



We provide funding for programs that include a strong focus on creating stability. Your generosity provides the building blocks to create a better life.

Your investment improves mental health access, financial literacy, food insecurity, early literacy education and so much more Thank you.

39% of the population in Marathon County are struggling and living paycheck to paycheck, roughly 45,000 people. Your donation will help community members thrive.



confidential and will not be sold or shared.

First Name	M.I.	Last Name	
riist Name	IVI.I.	Last Name	
Street Address			
City		State	Zip
OCell O Home	()		Birthdate*
Home Email			
Employer			
O I plan to retire	in the next 14 mont	hs	
O I am giving as my workplace	part of campaign	(Name of work place)	
O Combine my G	lift with		
-	1)	Name of spouse/significant (other)
Empl	oyed at		
List our na	mes as		
O I/we wish to re	emain anonymous		
I wish to receiv	ve email information	on: O Volunteer op	portunities
		O Planned givi	ng
2. CHOOSE	TO BELONG	(OPTIONAL)	
_	•	IBER opportunity for youn	g
O		d in philanthropy an	ıd
_	NITED MEMBER	tired donors who valu	IA.

philanthropy and volunteerism and share their skills and expertise to make a meaningful difference in our community

SUMMIT LEAGUE MEMBERSHIP (\$600+)

- ☐ Base Camp (\$600-749)
- (\$4000-9999) ☐ Camp 2 (\$750-999) ☐ Camp 3 (\$1000-1599)
- ☐ Camp 4 (\$1600-2599)
- ☐ Tocqueville (\$10,000+)

☐ Final Ascent

☐ Camp 5 (\$2600-3999)

*For sweepstakes eligibility.