



Name: _____

Address: _____

City, State, Zip: _____

Work Phone: _____ Cell/Home: _____

Employer: _____

Work e-mail: _____

Home e-mail: _____

Referred by: _____

___ My annual gift (or combined household gift) qualifies me for membership.

___ My gift is combined with _____.

___ I already donate through payroll deduction.

NEW GIFT (select one of the options below)

___ I will complete a payroll deduction form with my Human Resources Department.

___ Cash or Check enclosed. Check Number _____.

___ Credit/Debit Card

Please call the main office at 715-848-2927 to process.

I want to know more about:

___ Membership/Marketing

___ Volunteer Projects

___ Events

Return to: Sarah Tift stiftt@unitedwaymc.org

United Way of Marathon County 705 S 24th Ave., Ste 400B Wausau, WI 54401 715-298-5712