

## **United Way of the**

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Name:	PAYMENT OPTIONS (Please check 1, 2 or 3)
Home Address:	<b>☐</b> 1.Payroll Deduction
	\$ per pay period • Total deduction \$
City, State, Zip:	<b>№</b>
	2. Cash or Check (payable to United Way GRR)
Phone:	Total amount (check #)
E-mail:	3. Bill me directly: \$Total Amount
	☐ Monthly ☐ Quarterly ☐ Once on(Date)
Employer:	
Your gift works efficiently in combination with others to do more than you could do alone.	Signature (Required for processing)  Date
Thank you for your support!	No goods or services were provided in exchange for this contribution.

United Way of the Great River Region ● P.O. Box 251 • Keokuk Iowa 52632 • 319-524-4504 ● www.unitedwaygrr.org