

Create real, lasting change in 3 easy steps...



**United Way of Umatilla
& Morrow Counties**

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541-276-2661 • unitedwayumco@eoni.com
www.umatillamorrowunitedway.org

1. My Name

PLEASE PRINT FIRMLY

Your personal information is kept confidential and will not be sold or shared at any time.

Name _____

Mailing Address _____

City _____ Zip _____

Employer _____

Phone: H _____ W _____

E-mail: _____

2. My Contribution

• PAYROLL DEDUCTION:

A. Amount per pay period: \$ _____

\$20 \$50 \$100 Other \$ _____

B. Pay periods per year:

12 (monthly) 24 (semi-monthly)

26 (bi-wkly) 52 (wkly) Other: _____

C. Total annual payroll deduction (A X B) \$ _____

• PAYMENT ENCLOSED:

Cash Check # _____ Amt. \$ _____

(Please make checks payable: United Way Umatilla/Morrow Counties)

• CHARGE MY CREDIT/DEBIT CARD:

Once Monthly Quarterly

Visa MasterCard

Expires: _____ Amount: \$ _____

• TOTAL ANNUAL GIFT: \$ _____

3. My Giving

Please direct my gift to where it will do the most good: Community Impact Fund

X _____
Your signature is required to authorize gift _____ Date _____

NEW OPTION!!

Now you can set up a monthly Bill Pay through your bank to have your donation sent directly to United Way.

Amount Pledged Per Month \$ _____

Contact us for more information.

Completing This Section Is Optional

Fill out only if you wish to restrict your gift to specific goal areas or agencies. Your options are:

Community Impact Fund \$ _____

Specific Focus Areas:

Successful Kids \$ _____

Tools for Independence \$ _____

Emergency Assistance \$ _____

Restrict my contribution to **only** the following agency/ies:

(NOTE: There is a \$25 annual minimum for each restricted gift)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total \$ _____

*Thank you for caring
for your community!*

No goods or services have been given in exchange for this gift. Every dollar designated to a partner agency goes to that agency. Non-affiliated agencies receive 85% of every dollar designated.