

Thank You!



109 E. Central Ave, Suite 5
LaGrange, IN 46761
Phone: 260.463.8040
Fax: 260.463.4856
akresseunitedfund@mchsi.com

Employer Name

[Grid for Employer Name]

Employee Name

[Grid for Employee Name]

Employee's Home Address

[Grid for Employee's Home Address]

Employee's Email Address

[Grid for Employee's Email Address]

Payroll Deduction:

I authorize my employer to deduct my contribution from my paycheck: (please choose from **one** of the 3 options)

Fair Share (one hours pay per month) \$ _____ . _____

\$ _____ . _____ Per pay for _____ pays

Total Pledge:

One Time Gift:
Cash or Check payable to United Fund of LaGrange County
\$ _____ . _____

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\$ _____ . _____

- I wish to receive an acknowledgement by email
- I wish to receive an acknowledgment
- I do not wish to receive any type of acknowledgment

Signature Required _____

Date _____

Optional:
 Designated Gift (**minimum \$25.00 per designation please**) Direct part or all of my gift to the following not-for-profit, 501 © 3 agency.

Agency _____ Amount \$ _____ Agency _____ Amount \$ _____

I wish to receive an acknowledgement letter from the designated agency(ies) listed above.

Top Copy- United Fund 2nd Copy- Company Back Copy-Employee
No goods or services have been provided in exchange for this gift