

Invest In Your Community

Arrowhead United Way



what matters.™

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San Bernardino, CA 92402
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www.arrowheadunitedway.org

Print Name Last First M.I.
Organization Name Phone Number

I. CHOOSE TYPE OF PLEDGE: PAYROLL GIVING • ONE-TIME DONATION • CREDIT CARD

PAYROLL GIVING
 I authorize my employer to deduct (please check one)
\$40 \$20 \$10 \$5 or \$ per pay period
I am paid: 52 (weekly) 26 (bi-weekly)

LEADERSHIP GIVING
Deduct \$ per month
*See Leadership Giving Guidelines on Reverse

ONE-TIME PAYROLL GIVING \$ _____

CASH OR CHECK
Attached is my one-time annual gift of \$ _____ in the form of CASH or CHECK. (Please make checks payable to Arrowhead United Way)

CREDIT CARD
Monthly gift of \$ _____ One-time gift of \$ _____
(circle one) VISA MasterCard American Express
Card Number _____ Exp. Date _____
Signature _____

2. SIGN HERE: AUTHORIZE YOUR PLEDGE—YOUR CONTRIBUTION IS TAX DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW

Signature _____ Date _____ Total Annual Pledge \$ _____

Home Address _____ Street _____ City _____ Zip Code _____

Please send me information about becoming a United Way volunteer the United Way newsletter
 facts about how I can help my community with a gift to Arrowhead United Way through my will

white-employer

yellow-Arrowhead United Way

pink-contributor