



UNITED WAY OF BEMIDJI AREA

PO BOX 27, BEMIDJI MN 56619 Director@UnitedWayBemidji.org UnitedWayBemidji.org P: 218-444-8929

PERSONAL INFORMATION

Thank you for your contribution. The relationship we have with you is important. We only use contact information to process donations and inform you about how your investment is making a difference in the Bemidji area.

Mr./Mrs./Ms./Dr. First Name MI Last Name

Home Address City State Zip

Preferred email Preferred Phone

Employer (if applicable)

Please combine my gift with that of my spouse/partner _____

GIVING METHOD

EASY PAYROLL DEDUCTION

- A. I want to contribute \$ _____ x _____ pay periods
- B. My pay period is _____ Weekly (52/yr) _____ Bi-monthly (24/yr)
 _____ Every 2 weeks (26/yr) _____ Monthly (12/yr)
 Other: _____ pay periods
- C. My total annual payroll deduction is (A x B) = \$ _____

DIRECT GIFT:

- CASH OR CHECK
- BILL ME: Annually Quarterly Other _____
- CREDIT CARD: Online at UnitedWayBemidji.org/GIVE or call 218-444-8929.
- AUTO BANK TRANSFER: bank debits are made the 15th of each month
 I authorize my bank to debit \$ _____ per month from my account.
 Bank Name & Routing #: _____ Account # _____
- ONLINE BILL PAY: I will set up through my bank or other online service.
 United Way will receive \$ _____ every _____ (week, two weeks, month, quarter...)

TOTAL GIFT

\$ _____

- Please email receipt
 No receipt necessary

LEADERSHIP SOCIETY LEVELS

- \$5,000 Community Impact Donor
- \$2,500 Community Catalyst
- \$1,000 Community Developer
- \$500 Community Investor



SIGN & DATE:

REQUIRED: Your signature authorizes payroll deduction/auto bank transfer

I GIVE WHERE I LIVE

UNITED WAY: WHITE EMPLOYER: YELLOW DONOR: PINK