



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 how your investment is making a difference in the Bemidji area.

First Name _____ MI _____ Last Name _____

Home Mailing Address _____ City _____ State _____ Zip _____

Preferred email (please print clearly) _____ Preferred Phone _____ HOME WORK CELL

Employer (if giving through work) _____

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

SIGN & DATE: _____

REQUIRED: Your signature authorizes payroll deductions/bank transfers

GIVING METHOD

EASY PAYROLL DEDUCTION

A. I want to contribute \$ _____ x _____ pay periods
 B. My pay periods are _____ 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: _____ preferred month Semi-Annually Quarterly Other: _____

CREDIT CARD: Online at UnitedWayBemidji.org/GIVE or call 218-444-8929.

ONLINE BILL PAY: I will set up through my bank or other online service

United Way will receive \$ _____ every _____ (week, two weeks, month, quarter...)

STOCK AND SECURITIES: Please call United Way to make arrangements

AUTO-BANK DEBIT: (Bank debits are made at the 15th of each month)

I authorize my bank to debit \$ _____ per month from my account. Checking _____ Savings _____

Name of Bank: _____ Routing #: _____ Account #: _____

DONATION DIRECTED TO: Beltrami County Clearwater County Hubbard County

TOTAL GIFT

\$ _____

Please email receipt please confirm email is listed with personal information
 No receipt necessary



LEADERSHIP SOCIETY

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