



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: _____ ☐ Semi-Annually ☐ Quarterly ☐ Other: _____
preferred month

☐ **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



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