

YES! I want to make my community a better place! *(Please print and complete this form.)*

Name: (Please print) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Employee ID#: _____ Extension: _____ Dept: _____

I work primarily in _____ County.

My total United Way (Fund) contribution \$_____ one-time contribution or \$_____ per pay period

A. My gift to the United Way should benefit the following community fund (select one):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Allen County | <input type="checkbox"/> DeKalb County | <input type="checkbox"/> Huntington County | <input type="checkbox"/> Kosciusko County |
| <input type="checkbox"/> LaGrange County | <input type="checkbox"/> Noble County | <input type="checkbox"/> Steuben County | <input type="checkbox"/> Wabash County |
| <input type="checkbox"/> Whitley County | <input type="checkbox"/> Defiance County | <input type="checkbox"/> Fulton County | <input type="checkbox"/> Van Wert County |
| <input type="checkbox"/> Williams County | | | |

My total Arts United contribution \$_____ one-time contribution or \$_____ per pay period

Your donation to Arts United supports arts and cultural organizations in northeast Indiana.

Please accept my gift through:

_____ **Payroll Deduction** – I authorize Parkview Health to deduct my voluntary, tax-deductible contribution from my paycheck each pay period. Any amount may be pledged, with a minimum of \$1 per pay period. I understand my payroll deduction will be processed upon receipt and will continue unless I contact the Payroll department to change or discontinue the deduction.

_____ **Personal Check** – If you are making a gift by personal check to a specific agency funded by United Way (Fund), please make your check out to the United Way county in which the agency you choose to fund resides. (Example: United Way of Whitley County.) If you are giving to one agency in **one** county and a different agency in a different county, please write checks for your gift amount to both United Way organizations. If you are giving to Arts United also, please write a separate check to Arts United.

_____ **Cash**

_____ **Credit Card** – (A minimum pledge of \$50 is required for this option.) Circle One: Visa / MasterCard / Discover
Card # _____ Exp. Date: _____

Signature (required) _____

My total combined contribution \$_____

Please take your completed form (and, if appropriate, your check or cash contribution) to your HR site representative for processing.